



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY DIRECTIVE #16-08-EMP

(This Policy Directive Replaces PD #16-01-EMP)

REQUIRED CHILD CARE ACTIONS

Date: April 8, 2016	Subtopic(s): Child Care, ACCIS, Employment Plan
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AUDIENCE This Policy Directive is instructional for Job Opportunity Specialists (JOS) and Child Care Specialists in the Job Centers and all other staff involved in child care processing.

REVISIONS TO ORIGINAL PROCEDURE

This policy directive has been revised to:

- include the How to Report Child Abuse and Neglect (**FIA-1132**) in this procedure.
- inform staff that the Child Care Provider Form Desk Guide (**M-90G**) has been updated to include the **FIA-1132**.
- add information and reference on assistance with the child care process that is available to the JOS/Child Care Specialist.

POLICY

Parents/guardians who are required to be engaged in work-related activities and have a child or children that meet the eligibility criteria defined below can receive child care.

Eligible child means a child who resides with a parent/caretaker that meets the program and financial eligibility requirements for the particular type of child care services and who:

- is under 13 years of age; or
- is under 18 years of age and is either a child with special needs or is under court supervision; or,
- is under 19 years of age, is a full-time student in a secondary school, or in an equivalent level of vocational or technical training, and is either a child with special needs, or is under court supervision.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

Two-parent households that meet all of the following criteria can receive child care:

- One parent must be working or engaged in a work-related activity; and
- The unengaged parent must:
 - be in receipt of some form of disability income (such as Supplemental Security Income [SSI], Social Security Disability [SSD], etc.); or
 - be determined disabled as follows:
 - Cash Assistance (CA) eligible parent(s) – The disability determination must be made by Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE), or
 - CA ineligible parent(s) – The disability determination must be made by a medical provider in writing indicating the nature of the disability; and
 - The disabled parent must have medical documentation specifying that he/she cannot physically/mentally care for his/her own child/children.

Parents/guardians that meet the above criteria have the right to have their child/children placed with an appropriate child care provider. The child care provider must meet the following criteria:

- Appropriate – provider is available for the hours needed and able to provide care to meet the specific needs of the child/children.
- Accessible – provider is located within a reasonable distance from the parent/guardian’s home and work/assignment. The Human Resources Administration (HRA) considers “reasonable distance” to be no more than one hour and 30 minutes’ travel time (by car or public transportation) for a one-way trip between an applicant/participant’s home and the work activity site. This *includes* time to stop at the child care provider/facility.
- Affordable – parents/guardians have enough money to pay a child care fee, if required.
- Suitable – the physical and mental condition of the provider(s) and/or the physical condition of the facility are not detrimental to the health, welfare and/or safety of the child (ren), and the facility is regulated.

Child care services may be provided either in or away from the child's place of residence. Parents/guardians have a right to select the type of provider necessary to provide the child care services most appropriate for the child's needs.

Parents/guardians must be provided with at least two referrals to regulated/licensed child care providers that are appropriate, accessible, and affordable and suitable. At least one referral must be to an ACS contracted child care center/Early Learn program or family child care network provider.

Parents/guardians who document that they cannot find a child care provider that meets the above criteria will receive assistance in locating such care by the JOS/Child Care Specialist. An applicant/participant will not be exempt from work requirements if he/she fails or refuses without good cause to select an eligible provider.

BACKGROUND

Participants who are eligible for CA and have employment or participate in a work assignment or in a training program can receive child care benefits from the Family Independence Administration (FIA). Applicants for CA may also be eligible for child care in order to comply with Agency work rules. New York City's Administration for Children's Services (ACS) Transitional Child Care (TCC) Unit issues child care benefits for up to 12 months to participants whose CA cases close and qualifies for transitional child care benefits. ACS also pays child care benefits to eligible low income households. When transitional child care ends, parents/guardians can apply for low income child care benefits with ACS.

To help keep track of these multiple child care benefits, the Human Resources Administration (HRA) and ACS utilize a single child care management and payment system known as the Automated Child Care Information System (ACCIS). For families who qualify for any of the above mentioned child care benefit types, ACCIS will process all child care payments. When a participant finds employment and is found ineligible for CA but may be eligible for TCC or low income child care benefits, ACCIS allows for continuous child care services and payments.

Refer to [PD #15-04-OPE](#) for further information on TCC.

An ACS vendor issues child care payments for all child care programs and providers, licensed or informal in a timely manner. All payments are made by vendor checks or direct deposit. Child care program or provider information must be entered in ACCIS for payments to be issued. The child must be enrolled with the program or provider and in active status in ACCIS. Payments are generated each month based on receipt of the monthly Child Attendance and Fee Record (ACS1) and the parent's continued eligibility for child care.

ACCIS interfaces with the Welfare Management System (WMS) and the New York City Work Accountability and You (NYCWAY) System.

ACCIS interfaces with WMS to get key demographic information on active participants to create child care cases in the ACCIS database. ACCIS also looks at the WMS closing codes to determine potential eligibility for TCC. When a CA case closes for employment reasons, the child care case in ACCIS remains active for an additional 15 to 20 days. During this time, the TCC unit determines if the case is eligible for Transitional Child Care.

NYCWAY has a "Reason for Care" code for participants receiving child care. The Reason for Care code indicates the validity for receiving child care benefits. ACCIS interfaces with NYCWAY to automatically update the "Reason for Care" code in the ACCIS database when a change in engagement status occurs in NYCWAY. When participants move from one engagement activity to another or find employment, if still eligible for child care, the child care service and payment will continue whether the CA case remains active or closed as a result of income. The interface allows child care to continue for participants who continue to be eligible for cash assistance but their status has changed. This includes those in the conciliation and Notice of Intent (NOI) process.

ACCIS will generate a notice of intent to discontinue child care if the participant is no longer eligible for child care benefits based on NYCWAY engagement status and or the WMS case status codes. A termination notice will be sent to the parent and the child care program or provider advising that the child care will end within 15 days.

Note: If the participant is in receipt of child care and is pending a work related sanction, the child care eligibility ends at the start date of the sanction.

REQUIRED ACTION

The JOS/Workers must discuss child care with all applicants/participants who are employed or require assignment to a work activity and has a child that is eligible for child care. Eligible child means a child who resides with a parent/caretaker that meets the program and financial eligibility requirements for the particular type of child care services and who:

- is under 13 years of age; or
- is under 18 years of age and is either a child with special needs or is under court supervision; or,
- is under 19 years of age, is a full-time student in a secondary school, or in an equivalent level of vocational or technical training, and is either a child with special needs, or is under court supervision.

The JOS/Workers are required to inform these applicants/participants of their child care rights and responsibilities as well as assist in locating a child care provider at application, recertification and during any employment evaluation call-in.

JOS/Worker Responsibility

The JOS/Worker must discuss the following with the applicant/participant regarding child care:

- Explain to the applicant/participant his/her rights and responsibilities regarding child care as indicated in the New York State booklet titled “What You Should Know About Your Rights and Responsibilities” (**LDSS-4148A**) which includes a section entitled Rights Regarding Child Care and a section entitled Responsibilities Regarding Child Care.
 - The first section informs applicants/participants of their right to:
 - choose the child care provider;
 - be excused from his/her work activity if he/she is unable to find child care that is appropriate, accessible, affordable, and suitable; and
 - a fair hearing if his/her CA is reduced or terminated.

Refer to Cash Assistance Application Kit Forms (**M-90c**) and the Cash Assistance Recertification Kit Forms (**M-90d**).

- The second section informs applicants/participants of their responsibility to:
 - follow up on all child care provider referrals provided by the Worker.
 - inform the Worker of what has been done to locate a provider and ask for further assistance, if necessary.
 - submit to the Worker in writing which providers were contacted, found unsuitable, and the reason why they were found unsuitable.
- Give the applicant/participant the Important Information About Child Care (**FIA-1144**) notice. The **FIA-1144** provides important information for applicants/participants looking for child care in order to participate in HRA's work and training activities. This notice:
 - describes the rights and responsibilities regarding child care.
 - offers important questions to ask when choosing a provider.
 - provides important telephone numbers that will assist in finding child care.
 - describes types of child care (Regulated, Development Programs and Informal).
- Discuss with the applicant/participant the following child care notices included in the CA application/recertification kits:
 - Child Care Fact Sheet and Planner (**CS-574EE**). This notice will give information to the applicant/participant of the different types of child care he/she can choose from and will also provide telephone numbers for resources in locating child care.
 - The City of New York will Pay for Your Child Care (**CS-273E**). This notice will provide the applicant/participant with information on actions they must take to receive child care.
 - Child Care Guarantee Informational (**M-528m**). This notice provides information on the Child Care in Lieu of CA (CILOCA) option. Discuss this option with employed applicant/participants.
 - How to Report Child Abuse and Neglect (**FIA-1132**). This notice will provide the applicant/participant with information on what actions to take if he/she suspects that the child care provider is abusing or neglecting his/her child/children.
- Suggest and inform the applicant/participant of the advantages of using regulated child care.

Refer to [PD # 16-04-ELI](#) for further information on CILOCA.

New information

Note: Updated **M-90G**

- Give to and discuss with the applicant/participant the child care forms that are listed on the Child Care Provider Form Desk Guide (**M-90G**). The JOS/Worker can refer to the **M-90G** for assistance in determining which forms are required based on the provider type or unique case circumstances. Form **M-90G** provides common scenarios and lists the appropriate forms that must be used for each scenario. It also provides a hyperlink to the appropriate forms when the guide is referenced from HRA eDocs.

Note: Refer to **Attachment A** for an explanation of the use of the **OCFS-LDSS-4699** supplemental forms.

- Give the applicant/participant the New York City (NYC) Child Care Palm Card.
- Inform the applicant/participant that if he/she inappropriately refuses to accept a child care provider that meets the appropriate, accessible, affordable, and suitable criteria, he/she will still be assigned to an engagement activity and must comply with that activity or be subject to a pro rata sanction or application denial.

Refer to [PB #13-80-OPE](#) for further information on the FIA-1100 and FIA-1100a forms.

If the applicant/participant is employed, the JOS/Worker must:

- give the applicant/participant the Work Schedule for Child Care (**FIA-1100**) to be completed and signed by the applicant/participant at the interview.
- scan and index the **FIA-1100** into the electronic file.
- give the applicant/participant the Employer's Verification (**FIA-1100a**) to return completed by the employer.

If an applicant/participant states that he/she does not need the City of New York to pay for child care services:

See pages 9 & 10 for information on which type of care, if any, is needed when initiating the Employment Plan (EP)

- ask him/her to write "I do not need payment for care of my child(ren) at this time" on the Enrollment Form For Provider Of Legally-Exempt Family Childcare and Legally- Exempt In-Home Child Care Form (**OCFS-LDSS-4699**) or Enrollment Form for Provider Of Legally-Exempt Group Child Care Form (**OCFS-LDSS-4700**);
- enter a case comment in NYCWAY to indicate that the parent/guardian claims that child care payment is not needed at this time; and
- scan and index the form into the case file.

If an applicant/participant states that he/she prefers to use an informal child care provider, or is not sure if he/she will be using an informal or licensed child care provider, the JOS/Worker must:

- inform the applicant/participant that current New York State regulations state that child care payments cannot be made when the child care is provided by the child's:
 - parent, stepparent or legal guardian;
 - guardian or caretaker relative or any other person with whom a child lives who has assumed responsibility for the day-to-day care and custody of the child;

Also, child care payments cannot be authorized when the child care provider is:

- a relative who exercises responsibility for the day-to-day care and custody of the child;
- a member of the child's or parent/legal guardian's Cash Assistance unit; and/or
- another adult member of the Child Care Services Unit (CCSU) other than the child's sibling. (Refer to PB #05-145-EMP and the **CS-574EE**).

Refer to [PD #16-05-EMP](#) for detailed information on informal child care including WHEDCO approval and TIN requirements.

- give the applicant/participant the Important Information for Parents/Guardians Who Use Legally-Exempt Child Care Providers (**W-603AA**) form.
- inform the applicant/participant that, if he/she chooses an informal child care provider, he/she and the child care provider must complete the appropriate enrollment form and bring the Form **CS-274W** to the Women's Housing and Economic Development Corporation (WHEDCo), which is the citywide Enrollment Agency, for approval. If a regulated child care provider is selected, only Form **CS-274W** needs to be completed and does not require WHEDCo's involvement.
- notify the applicant/participant that the informal child care provider must submit his/her Taxpayer's Identification Number (TIN) and that the TIN must validate before the child can be enrolled with the child care provider.

Refer to [PD #14-27-EMP](#) for information on locating ACS contracted child care centers/Early Learn programs.

If an applicant/participant needs a referral to a child care provider, the JOS/Worker must:

- refer the applicant/participant to two New York City ACS contracted child care centers/Early Learn programs and/or family child care network providers by accessing the Office of Children and Family Services (OCFS) Child Care search link http://ocfs.ny.gov/main/childcare/ccfs_template.asp.
- complete the Child Care Appointment Confirmation and Contact list (**W-273J**).
- capture the applicant's/participant's signature on the **W-273J**.
- scan and index the **W-273J** into the electronic case record.
- give the **W-273J** to the applicant/participant.

Employment Plan

The JOS/Worker must initiate an Employment Plan (EP) in NYCWAY and the child care questions must be answered. If the applicant/participant must return with the required child care forms completed by the provider, a child care return appointment will be generated through the EP. **Attachment B** – Child Care Action Codes Desk Guide has been created and attached to this policy directive to assist the JOS/Worker in recognizing Child Care Action Codes.

When the JOS/Worker initiates the EP, he/she must select one of the following **Care Type** indicators based on the applicant/participant's child care arrangements:

Child care in place and paid by HRA.

- **Care Type 1** – licensed child care is in place at cost to HRA.
- **Care Type 2** – informal child care is in place at cost to HRA.

Action Code **933T** (Child Care in Place Licensed/Informal at Cost to the Agency – Applicant) or **133T** (Child Care in Place Licensed/Informal at Cost to the Agency – Participant) will post in NYCWAY with the selection of these care types.

Two-parent households.

If the case is a two-parent household, the **933T/133T** will only post for one adult in NYCWAY. The JOS/Worker must ensure that the:

- adult that completes and signs the **CS-274W** is the same adult that NYCWAY posts the **933T/133T**.
- head of household for the child care case established in ACCIS is the same adult that NYCWAY posted the **933T/133T**.

- two-parent indicator of Y and the Social Security number for both parents are entered in the ACCIS case.

Child care is in place and applicant/participant is not requesting child care allowance.

- **Care Type 5** – licensed child care is in place at no cost to HRA.
- **Care Type 6** – informal child care is in place at no cost to HRA.

Action Code **933Z** (Child Care In Place at No Cost to FIA – Applicant) or Action Code **133Z** (Child Care In Place at No Cost to FIA – Participant) will post in NYCWAY. A comment will also be required in the “Comments” box that will appear.

No child care is needed.

- **Care Type 4** – Not Required – Child 13 years or older.

Action Code **933O** (Child Care Not Required – Applicant) or **133O** (Child Care Not Required – Participant) will post in NYCWAY.

In a household with multiple children using different care types only one of these Action Codes will post, the **933T/133T**, **933Z/133Z** or **933O/133O**.

When **Care Type** code **1, 2, 4, 5** or **6** is selected, the applicant/participant can be assigned to a work activity.

Child care provider or documentation is required.

- **Care Type 3** – No Child Care in Place – Arrangement Required.

Action Code **933S** (Child Care Provider Needed and Documentation is Required – Applicant) or **133S** (Child Care Provider Needed and Documentation is Required - Participant) will post in NYCWAY.

Selection of **Care Type 3** requires a return appointment. NYCWAY takes the JOS/Worker to the **Make Appointments** screen to schedule a return appointment. The return appointment must be scheduled fifteen to twenty calendar days from the initial appointment. A Child Care Return Appointment Form (**W-273NN**) is generated. The form must be scanned and indexed into the electronic file and given to the applicant/participant.

Note: A Special Needs Child Care procedure will be issued under separate cover.

Special Needs Child Care

If appropriate, accessible, affordable and suitable child care is available, there are no exemptions from work-related activities for parents/guardians of any special needs children.

The JOS/Worker must give the parent/guardian requesting special needs child care the Special Needs Application (**ECE-001**) with all other required child care forms.

The parent/guardian may need help finding specialized care for his/her special needs child. The JOS/Child Care Specialists can assist the parent using the following resources:

- Child Care Resource and Referral Consortium (CCRRC) – (888) 469-5999.
- New York City Youthline – (800) 246-4646.
- Resources for Children with Special Needs, Inc. (212) 677-4650/4660.

These parents may need additional time to secure slots for specialized child care and should be granted such time on a case-by-case basis by the designated Child Care Specialist or other supervisory staff.

To allow the entry of child care types **1, 2, 5** or **6** for any child 13 through 18 years of age, **Y** must be entered in the **Special Needs** field on the Child Care screen in the EP.

Foster Parents

A foster parent may be considered needed at home if he/she is caring for a foster child five years of age or younger or a foster child with special needs. In these cases, the foster parent's work activity is classified as community service.

For further information on needed at home refer to [PD #15-18-EMP](#).

In order for the foster parent of a special needs child to be considered needed at home, he/she must obtain documentation from a physician or licensed professional confirming that the child has special needs. The documentation must specify the following:

- Why child care is not recommended for the child; and
- Why the parent must be available after school and/or during school breaks.

If a foster parent of a special needs child requires child care, refer him or her to ACS' Special Needs Unit for assistance at 212-393-5076 or 212-393-5099.

JOS/Child Care Specialist Responsibilities

The JOS/Child Care Specialist will take the following actions in each of the following situations:

Child Care Return Appointment Kept

If the applicant/participant keeps the child care return appointment and submits all required documentation, the JOS/Child Care Specialist must:

Child Care is Secured

- review all the submitted documentation to verify that the forms (**CS-274W**, **OCFS-LDSS-4699** or **OCFS-LDSS-4700**) are completed accurately.
 - For informal child care, if applicable, make the proper referral to WhedCo and the Child Care Review Team (CCRT).
- take the following actions in the EP:
 - update the EP with care type **1**, **2**, **5** or **6**.
 - assign the applicant/participant to a work activity.
- take the following actions in ACCIS:
 - Ensure that the provider or program is known in ACCIS. If an informal provider is not known and has complied with the WhedCo and the TIN process, take the necessary action to add the provider into ACCIS. If a program is not known, contact the Child Care Support Services.
 - Create a child care case record.
 - Enroll the child with the provider.
 - Print the Placement Notice from ACCIS.
 - Print the Authorization for Child Care Payment (**CS-273K**).
 - For applicants only, issue the Notice of Temporary Child Care Assistance (**FIA-1100b**).
- scan and index all child care forms into the electronic case record including forms generated through ACCIS.

Refer to training material for detailed instructions in adding an informal provider, creating a child care case and in enrolling a child with a program or provider.

Child Care is Not Secured

If the applicant/participant keeps the child care return appointment but was unsuccessful in finding suitable child care, the JOS/Child Care Specialist must:

Refer to [PD# 14-27-EMP](#) for information on locating ACS contracted child care centers/Early Learn programs and family child care network providers.

- determine why child care was not found.
- evaluate those reason(s) to determine if they are substantial and/or legitimate difficulties for not securing child care.
- provide referrals to at least two licensed child care providers that have verified vacancies. This information can be found in one of the following resources:

- The state-funded Child Care Resource and Referral Consortium (CCRRC) at (888) 469-5999.
- ACS contracted slots. These slots and information on these providers are available through the OCFS Child Care search link http://ocfs.ny.gov/main/childcare/ccfs_template.asp or directly from ACCIS.

To search ACCIS for licensed programs and providers:

- Click on the ACCIS icon;
- Click **F3** (Search) from menu; and
- Click **Program Provider Search**.

The JOS/Child Care Specialist can search by zip code to locate providers and ACS programs near the parent's/guardian's home or work.

Note: The ACS contracted slots are time sensitive. Before a referral can be made, call the provider to ensure that slots are still open.

- confirm that a vacancy for the child (ren) is available and list the provider on the Child Care Appointment Confirmation and Contact List (**W-273J**). See page 5 for information on the use of the **W-273J**.

- schedule another child care return appointment within five to eight calendar days by updating the EP and selecting **Care Type 3** on the Child Care screen. When **Care Type 3** is selected for the second time, Action Code **933D** (Child Care Documentation Required – Applicant) or **133D** (Child Care Documentation Required – Participant) will post in NYCWAY. NYCWAY takes the JOS/Child Care Specialist to the Make Appointments screen to schedule a return appointment. The return appointment must be scheduled five to eight calendar days from the initial appointment. A Child Care Return Appointment Form (**W-273NN**) is generated. The form must be signed by the applicant/participant, scanned and indexed into the electronic file and given to the applicant/participant.
- emphasize that refusal to accept eligible providers (without good cause) will not excuse the applicant/participant from a work assignment. Refusing child care should be based on the criteria (appropriate, accessible, affordable and suitable) as described in the **LDSS-4148A**. If the parent refuses to accept a provider for one of these reasons, the applicant/participant may be excused from a work activity until child care is secured.
- Remind the applicant/participant that the 60-month time limit on Temporary Assistance for Needy Families (TANF) cash assistance still applies, even if the applicant/participant has good cause for not accepting a provider and is temporarily excused from a work activity.

Second Child Care Return Appointment Kept

If the applicant/participant keeps the second child care return appointment and submits all required documentation, the JOS/Child Care Specialist must follow the steps on page 12 for when child care is secured.

If the applicant/participant keeps the second child care return appointment but has not found child care, the JOS/Child Care Specialist must ensure that the individual completes Form **W-273J** indicating the reason for not choosing a child care center or provider.

Refuses to accept child care

If the applicant/participant claims that legally acceptable child care cannot be found and fails to provide documentation that supports his/her claim or refuses an eligible provider without good cause (the JOS/Child Care Specialist should verify with his/her supervisor that the reason for refusing to accept a provider is insufficient), the JOS/Child Care Specialist must:

- update the EP and change **Care Type 3** (Child Care Is Required) to **Care Type 7** (Child Care Is Refused). Action code **933R** (applicant) or Action Code **133R** (participant) will post indicating “Refused Child Care Referral Placement.”

Note: Care Type 7 may only be entered if **Care Type 3** was previously entered for the case and after the two return appointments were kept.

- assign the parent/guardian to a work activity.

Acceptable child care not found

If the applicant/participant claims that legally acceptable child care cannot be found and provides documentation that supports his/her claim (the JOS/Child Care Specialist should first consult with his/her supervisor and the Center Director’s Designee that the reason for refusing to accept a provider is acceptable), the JOS/Child Care Specialist must update the EP and change **Care Type 3** (Child Care Is Required) to **Care Type 8** (Child Care Not Found). A “Child Care – Not Found” screen will appear and the JOS/Worker must select one of the following reasons:

- Unable to find accessible care
- No care appropriate for child’s age
- No infant childcare available
- No care suitable for child’s needs
- No after school care program available
- Other (must enter a comment describing the reason)

After a selection is made, Action Code **133N** (Child Care Not Found) will post in the system. The JOS/Child Care Specialist may enter additional comments as needed.

Note: Care Type 8 may only be entered if **Care Type 3** was previously entered for the case and after the two return appointments were kept.

Action Code **133N** will terminate any engagement activity or WeCARE assignments in NYCWAY and will provide a 90-day exemption. The cases where the **133N** is posted will be placed on the **NOCCS** worklist. At the end of the 90-day exemption period, a new employment call-in appointment will be scheduled.

Added information

JOS/Child Care Specialist Needs Assistance

If the JOS/Child Care Specialist needs assistance in processing child care, he/she can contact the Case Review and Support (CRS) Unit. Refer to [PB #13-61-OPE](#) for information on how to contact CRS.

Fails to keep child care return appointment

If the applicant/participant fails to keep either of the return appointments and no entry has been made by a JOS/Child Care Specialist, the following infraction codes will post in NYCWAY the day after the return date:

- **91FR** (Applicant) – Failed to report to return appointment. The case is placed on the **Income Support Action Request (ISAR)** Worklist for the JOS/Worker to manually reject the CA application.
- **434A** – Failed to keep mandatory appointment. A conciliation notice will be generated.
- **430K** (Participant) – Failure to keep mandatory appointment. A conciliation letter will be generated.

PROGRAM IMPLICATIONS

Model Center Implications

When an applicant reports to Front Door Reception (FDR) in the Job Center requesting child care, FDR will issue him/her a CMU ticket, where the applicant can file an application. The request must be processed by the JOS as described in this policy directive.

When an applicant or participant reports to FDR in the Job Center with a child care return appointment, FDR will issue him/her a CSIC Child care ticket. The applicant or participant will be serviced by a JOS/Child Care Specialist.


When a participant reports to FDR in the Job Center with a child care call in letter, FDR will issue him/her a CA Appointment ticket, where the participant will be serviced by the JOS/Worker that scheduled the appointment.

When a participant reports to FDR in the Job Center and states that he/she has or needs a new child care provider, FDR will issue him/her a CSIC Child care ticket, where the participant will be serviced by a JOS/Child Care Specialist.

For any of the above scenarios, in centers with self-service check-in stations (Kiosks), the applicant or participant will self identify and the Front Door Electronic Reception (FRED) system will generate a ticket to the appropriate area.

Paperless Office System (POS) Implications

JOS/Child Care Specialists must access NYCWAY to make entries, review and print NYCWAY information related to child care by minimizing POS and clicking the NYCWAY icon on their desktop. Child Care Specialists must then scan and index all non-POS generated child care related forms and notices signed by the applicant/participant into the electronic case record including Forms **CS-274W**, **CS-273K**, and **W-273J**.

A case comment must be entered for seeking/refusing child care. Enter a case comment by clicking on the case comments icon  or pressing <ALT>M on the keyboard.

JOS/Child Care Specialists will record child care expenses on the **Other Expenses** window at the “Has Child or Dependent Care Expenses?” question. POS will not budget any child care expenses entered. The JOS/Child Care Specialists must use ACCIS to authorize child care payments.

Supplemental Nutrition Assistance Program (SNAP) Implications

Child care expenses not covered by CA are budgeted for SNAP purposes as a child care deduction.

When the actual child care expenses exceed the child care payment, the extra child care cost is counted as an out-of-pocket expense for Supplemental Nutrition Assistance Program (SNAP) budgeting. Parents/guardians who choose to forego the FIA payment by using an ineligible provider are entitled to a SNAP deduction for the out-of-pocket child care expense. The JOS/Child Care Specialists must determine how the parent/guardian will pay for the expense while participating in a work-related activity.

Medicaid Implications

There are no Medicaid Implications.

LIMITED ENGLISH PROFICIENT (LEP) AND HEARING-IMPAIRED IMPLICATIONS

For Limited English Proficient (LEP) applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #14-24-OPE](#). For hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #14-18-OPE](#)

FAIR HEARING IMPLICATIONS

Avoidance/Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken, on their case.

Conferences

An applicant/participant can request and receive a conference, with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker’s Supervisor. The AJOS/Supervisor I will explain to the applicant/participant, the reason for the Agency’s action(s).

If the determination is that the applicant/participant has presented good cause for the infraction or that the outstanding Notice of Intent needs to be withdrawn for other reasons, the FH&C AJOS/Supervisor I will settle in conference (SIC), enter detailed case notes in NYCWAY and forward all verifying documentation, submitted by the applicant/participant, to the appropriate JOS/Worker, for corrective action to be taken. In addition, if the adverse case action still shows on the “Pending” (08) screen in WMS, the AJOS/Supervisor I must prepare and submit a Fair Hearing/ Case Update Data Entry Form (LDSS- 3722), change the 02 to an 01 if the case has been granted aid continuing (ATC) or prepare and submit a PA Recoupment Data Entry Form (LDSS-3573), to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report (M-186a).

If the determination is that the applicant/participant has not shown good cause for the infraction or that the Agency’s action(s) should stand then the AJOS/Supervisor I will explain to the applicant/participant why s/he cannot settle the issue(s) in conference (SIC). The AJOSI/Supervisor I must complete a Conference Report.

Evidence Packets

Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing, already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

All evidence packets must include copies of the following items: A detailed History Sheet Form (**W-25**), or a printout of the POS case comments, the Child care Provider Enrollment Supplement Form (**CS-274W**), the Authorization for Child care Payment Form (**CS-273K**) and any other child care related documents.


REFERENCES

SSL § 332-a, 341(6)(a), 410-w(3)
 18 NYCRR Sec. 415.8
 99 LCM-19
 91 ADM-34
 05-OCFS-ADM-03
 03-OCFS-LCM-19
 New York State Employment Policy Manual, Section 385.4

RELATED ITEMS

[PB #14-34-OPE](#)
[PB #13-80-OPE](#)
[PB #13-61-OPE](#)
[PB #05-145-EMP](#)
[PD #15-04-OPE](#)
[PD #16-04-ELI](#)
[PD #15-18-EMP](#)
[PD #16-05-EMP](#)
[PD #14-27-EMP](#)
[PD #10-01-EMP](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

Attachment A Use of the OCFS-LDSS-4699 Supplemental forms
Attachment B Child Care Action Codes Desk Guide

FIA-1100 (E)	Work Schedule for Child Care
FIA-1100 (S)	Work Schedule for Child Care (Spanish)
FIA-1100a (E)	Employer's Verification
FIA-1100b (E)	Notice of Temporary Child Care Assistance
FIA-1100b (S)	Notice of Temporary Child Care Assistance (Spanish)
FIA-1132 (E)	How to Report Child Abuse and Neglect
FIA-1132 (S)	How to Report Child Abuse and Neglect (Spanish)
FIA-1144 (E)	Important Information About Child Care
FIA-1144 (S)	Important Information About Child Care (Spanish)
M-90G	Child Care Provider Form Desk Guide (Rev. 4/8/16)
M-528m	Child Care Guarantee Informational (Rev. 6/5/13)
M-528m (S)	Child Care Guarantee Informational (Rev. 6/5/13) (Spanish)
W-273J	Child Care Appointment Confirmation and Contact List (Rev. 10/28/14)
W-273J (S)	Child Care Appointment Confirmation and Contact List (Rev. 10/28/14) (Spanish)
W-273NN	Child Care Return Appointment (Rev. 8/20/13)
W-273NN (S)	Child Care Return Appointment (Rev. 8/20/13) (Spanish)
W-603AA	Important Information for Parents/Guardians Who Use Legally-Exempt Child Care Providers (Rev. 4/6/10)
W-603AA (S)	Important Information for Parents/Guardians Who Use Legally-Exempt Child Care Providers (Rev. 4/6/10) (Spanish)
CS-273E	The City of New York Will Pay For Your Child Care (Rev. 6/07)
CS-273E (S)	The City of New York Will Pay For Your Child Care (Rev. 6/07) (Spanish)
CS-273K	Authorization For Child Care Payment (Rev. 6/07)
CS-273K (S)	Authorization For Child Care Payment (Rev. 6/07) (Spanish)
CS-274W	Child Care Enrollment Supplement (Rev. 4/08)
CS-274W (S)	Child Care Enrollment Supplement (Rev. 4/08) (Spanish)
CS-574EE	Child Care Fact Sheet and Planner (Rev. 8/08)
CS-574EE (S)	Child Care Fact Sheet and Planner (Rev. 8/08) (Spanish)
OCFS-LDSS-4699	Enrollment Form For Provider Of Legally-Exempt Family Childcare and Legally- Exempt In-Home Child Care Form (Rev. 6/2011)

OCFS-LDSS-4699 (S) Enrollment Form For Provider Of Legally-Exempt Family Childcare and Legally- Exempt In-Home Child Care Form (Spanish) (Rev. 6/2011)

OCFS-LDSS-4700 Enrollment Form for Provider Of Legally-Exempt Group Child Care Form (Rev. 7/2014)

The **OCFS-LDSS-4699** supplement forms are used to enroll certain provider types as follows:

Minors

Forms, Employment of Minors (**OCFS-LDSS 4699.1**) and Employment of Minors, Information (**OCFS-LDSS 4699.1A**) must be given to any parent/legal guardian employing a child care provider who is under the age of 18. Form **OCFS-LDSS-4699.1A** explains to the parents/legal guardians the limitation on employment of minor. Form **OCFS-LDSS 4699.1** must be completed by the minor child care provider and submitted by the parent/legal guardian. Failure to complete form **OCFS-LDSS 4699.1** will result in the nonpayment of child care fees to the provider.

Providers who Report to the Child's Home to Provide Child Care Services

The Legally-Exempt In-Home Child Care Provider Agreement Form (**OCFS-LDSS 4699.2**) and the Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider (**OCFS-LDSS 4699.2A**) must be given to all parents/legal guardians employing legally-exempt in-home child care providers. Form **OCFS-LDSS 4699.2A** informs the parents/legal guardians that since the child care services are rendered in their own home, they are regarded as the employer and therefore must meet certain requirements outlined in form **OCFS-LDSS 4699.2A**. The parent/legal guardian must complete form **OCFS-LDSS 4699.2** and the form must be signed by both the parent/legal guardian and the provider. Failure to complete form **OCFS-LDSS 4699.2** will result in the nonpayment of child care fees for the provider.

Providers with Criminal Convictions, a License that was Revoked/Denied/Suspended, or had Their Parental Rights Terminated

The History of Criminal Convictions and Parental Acknowledgement (**OCFS-LDSS 4915**) must be completed by any parent wishing to employ a child care provider with a criminal conviction history. A criminal history includes a court-ordered Article 10 removal of a child from his/her care, termination of parental rights, and/or denial, revocation or suspension of a license or registration to operate a child day care program. The parent/legal guardian must acknowledge that he/she is aware that either the selected provider or another person on the premises of the child care program has such a history and that they waive the right to select another provider.

Action Code (Posted by EP)	When is the Action Code Used	Follow-up Action
<p>*933T/133T – Child care in place for either licensed or informal at cost to the Agency.</p>	<p>NYCWAY will post when one of the following Care Type indicators based on the applicant/participant's child care arrangements is selected:</p> <ul style="list-style-type: none"> • Care Type 1 – <u>licensed</u> child care is in place at cost to HRA. • Care Type 2 – <u>informal</u> child care is in place at cost to HRA. 	<p>The applicant/participant can be assigned to a work activity.</p>
<p>*933Z/133Z – Child Care in place for either licensed or informal at No Cost to the Agency.</p>	<p>NYCWAY will post when one of the following Care Type indicators based on the applicant/participant's child care arrangements is selected:</p> <ul style="list-style-type: none"> • Care Type 5 – <u>licensed</u> child care is in place at <u>no cost</u> to HRA. • Care Type 6 – <u>informal</u> child care is in place at <u>no cost</u> to HRA. 	<p>A comment will also be required in the “Comments” box that will appear.</p> <p>The applicant/participant can be assigned to a work activity.</p>
<p>*933O/133O – Child Care Not Required</p>	<p>NYCWAY will post when the following Care Type indicator is selected:</p> <ul style="list-style-type: none"> • Care Type 4 – Not Required – Child 13 years or older. 	<p>The applicant/participant can be assigned to a work activity.</p>
<p>933S/133S – Child Care Provider Needed and Documentation is Required</p>	<p>NYCWAY will post when the following Care Type indicator is selected:</p> <ul style="list-style-type: none"> • Care Type 3 – No Child Care in Place – Arrangement Required. 	<p>Requires a return appointment. The return appointment must be scheduled 15 to 20 calendar days from the initial appointment. A Child Care Return Appointment Form (W-273NN) is generated.</p>

*These action codes are also used at the child care return appointment when the applicant/participant returns with the required child care documentation. The JOS/Child Care Specialist will update the EP with the corresponding Care Type.

<p>933D/133D – Child Care Documentation Required.</p>	<p>NYCWAY will post when the EP is updated and Care Type 3 is selected on the Child Care screen.</p> <p>This action is taken at the child care return appointment when the applicant/participant requires additional time.</p>	<p>Requires a return appointment. The return appointment must be scheduled 5 to 8 calendar days from the initial appointment. A Child Care Return Appointment Form (W-273NN) is generated.</p>
<p>933R/133R – Refused Child Care Referral Placement.</p>	<p>NYCWAY will post when the EP is updated and the following Care Type is selected:</p> <ul style="list-style-type: none"> • Care Type 7 – Child Care Is Refused. <p>Care Type 7 may only be entered if Care Type 3 was previously entered for the case and after the two return appointments were kept.</p>	<p>The applicant/participant can be assigned to a work activity.</p>
<p>133N – Child Care Not Found.</p>	<p>NYCWAY will post when the EP is updated and the following Care Type is selected:</p> <ul style="list-style-type: none"> • Care Type 8 – Child Care Not Found. <p>Care Type 8 may only be entered if Care Type 3 was previously entered for the case and after the two return appointments were kept.</p>	<p>A “Child Care – Not Found” screen will appear and the JOS/Worker must select one of the following reasons:</p> <ul style="list-style-type: none"> • Unable to find accessible care • No care appropriate for child’s age • No infant childcare available • No care suitable for child’s needs • No after school care program available • Other (must enter a comment describing the reason)

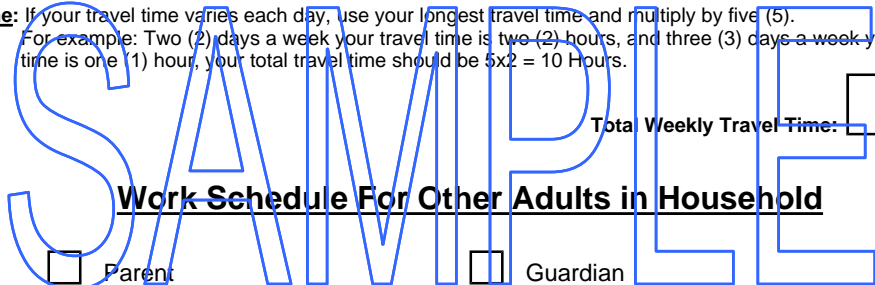
91FR (Applicant) – Failed to report to return appointment	If the applicant fails to keep either of the return appointments and no entry has been made by a JOS/Child Care Specialist, the infraction code will post in NYCWAY the day after the return date.	The case is placed on the Income Support Action Request (ISAR) Worklist for the JOS/Worker to manually reject the CA application.
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Work Schedule For Child Care

If you wish to receive or already receive subsidized child care, in order to properly account for your child care needs, please complete this form with information about your employer and your work schedule. If your work schedule changes often, please provide your most commonly worked schedule. You must complete this form to receive child care.

Applicant/Participant's Name:							Cash Assistance Case Number:	
Employer's Name:								
Employer's Address:								
Weekly Schedule								
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Start Time:								
End Time:								Total Weekly hours worked:
Number of hours worked:								

Total Weekly Travel Time: If your travel time varies each day, use your longest travel time and multiply by five (5).
For example: Two (2) days a week your travel time is two (2) hours, and three (3) days a week your travel time is one (1) hour, your total travel time should be $5 \times 2 = 10$ Hours.



Total Weekly Travel Time:

Work Schedule For Other Adults in Household

Relationship to Child: Parent Guardian

Applicant/Participant's Name:							Cash Assistance Case Number:	
Employer's Name:								
Employer's Address:								
Weekly Schedule								
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Start Time:								
End Time:								Total Weekly hours worked:
Number of hours worked:								

Total Weekly Travel Time: If your travel time varies each day, use your longest travel time and multiply by five (5).
For example: Two (2) days a week your travel time is two (2) hours, and three (3) days a week your travel time is one (1) hour, your total travel time should be $5 \times 2 = 10$ Hours.

Total Weekly Travel Time:

I swear or affirm that the Information on this form is true and correct.

Applicant/Participant's Signature: _____ **Date:** _____

Horario de Trabajo para Cuidado Infantil

Si usted desea recibir o ya está recibiendo cuidado infantil subvencionado, a fin de rendir cuenta de sus necesidades de cuidado infantil, favor de llenar este formulario con información sobre su empleador y su horario de trabajo. Si su horario de trabajo cambia a menudo, favor de proporcionar su horario más comúnmente trabajado. Usted debe llenar este formulario para recibir cuidado infantil.

Nombre del Solicitante/Participante:				Núm. del Caso de Asistencia en Efectivo:			
Nombre del Empleador:							
Dirección del Empleador:							
Horario Semanal							
Días	lunes	martes	miércoles	jueves	viernes	sábado	domingo
Hora de comienzo:							
Hora final:							
Número de horas trabajadas:							Total de Horas Trabajadas Semanales:

Total del tiempo de viaje semanal: Si su tiempo de viaje varía cada día, use su tiempo de viaje más largo y multiplique por cinco (5). Por ejemplo: Dos (2) días a la semana usted viaja dos (2) horas, y tres (3) días a la semana, viaja una (1) hora, el total de su tiempo de viaje debe ser $5 \times 2 = 10$ Horas.

Total del Tiempo de Viaje:

Horario de Trabajo de Otros Adultos en el Hogar

Relación con el Niño: Padre/madre Tutor

Nombre del Solicitante/Participante:				Núm. del Caso de Asistencia en Efectivo:			
Nombre del Empleador:							
Dirección del Empleador:							
Horario Semanal							
Días	lunes	martes	miércoles	jueves	viernes	sábado	domingo
Hora de comienzo:							
Hora final:							
Número de horas trabajadas:							Total de Horas Trabajadas Semanales:

Total del tiempo de viaje semanal: Si su tiempo de viaje varía cada día, use su tiempo de viaje más largo y multiplique por cinco (5). Por ejemplo: Dos (2) días a la semana usted viaja dos (2) horas, y tres (3) días a la semana, viaja una (1) hora, el total de su tiempo de viaje debe ser $5 \times 2 = 10$ Horas.

Total del Tiempo de Viaje:

Juro y afirmo que la información en este formulario es verídica y correcta.

Firma del Solicitante Participante: _____ **Fecha:** _____

Employer's Verification

Employee's Name: _____

In order to receive New York City Child Care, your employee listed above must provide this agency with a work schedule verified by his/her employer. Please complete your employee's work schedule in the spaces below. If your employee works a variable schedule, please fill in his/her most commonly worked schedule.

Work Schedule For Child Care

SAMPLE

Employer's Name: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

Weekly Schedule							
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time:							
Number of hours worked:							
							Total Weekly Hours Worked

The above schedule is (please check one):

- Standard Variable

Employer or Employer Designee's Signature: _____ Date: _____

Title: _____ Phone number: _____

Date: _____
Case Number: _____
Case Name: _____
ACCIS Number: _____
Caseload: _____

Notice of Temporary Child Care Assistance

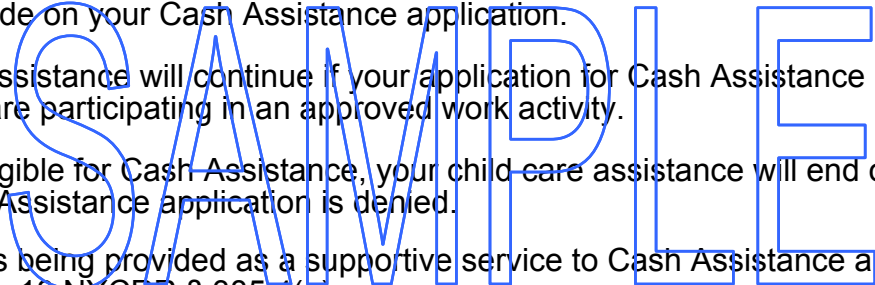
On _____, you applied for Cash Assistance. The Human Resources Administration is temporarily providing child care assistance so that you can participate in an approved work-related activity.

Child care assistance will be provided beginning _____ and will continue until a decision is made on your Cash Assistance application.

The child care assistance will continue if your application for Cash Assistance is accepted and as long as you are participating in an approved work activity.

If you are not eligible for Cash Assistance, your child care assistance will end on the same date your Cash Assistance application is denied.

This child care is being provided as a supportive service to Cash Assistance applicants, in accordance with: 18 NYCRR § 385.4(a).



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Número de ACCIS: _____
Unidad de Casos: _____

Aviso de Asistencia Temporal de Cuidado Infantil

El _____, usted solicitó Asistencia en Efectivo. La Administración de Recursos Humanos está brindando asistencia de cuidado infantil temporal de modo que usted pueda participar en una actividad aprobada relacionada con el trabajo.

La asistencia de cuidado infantil se brindará a partir del _____ y continuará hasta que se tome una decisión sobre su solicitud de Asistencia en Efectivo.

La asistencia de cuidado infantil continuará si se acepta su solicitud de Asistencia en Efectivo y con tal que usted participe en una actividad de trabajo aprobada.

Si usted no es elegible para Asistencia en Efectivo, su asistencia de cuidado infantil se terminará en la misma fecha que se deniegue su solicitud de Asistencia en Efectivo.

Este cuidado infantil se está brindando como servicio de apoyo a los solicitantes de Asistencia en Efectivo, conforme a: 18 NYCRR § 385.4(a).

How To Report Child Abuse And Neglect

IF YOU FEEL YOUR CHILD CARE PROVIDER IS NEGLECTING OR ABUSING YOUR CHILD, STOP TAKING YOUR CHILD TO THE PROVIDER. TELL YOUR HRA WORKER AND YOU WILL BE EXCUSED FROM YOUR ACTIVITIES UNTIL YOU CAN FIND NEW, SAFE CHILD CARE.

If you suspect that your child care provider is neglecting or abusing your child, you should report this to:

**THE NEW YORK STATE CENTRAL REGISTER (SCR)
CHILD ABUSE AND MALTREATMENT HOTLINE:**

1-800-342-3720

THE HOTLINE IS AVAILAELE 24 HOURS A DAY, 7 DAYS A WEEK.

The hotline operator will have a conversation with you about what you think is happening to your child. They may ask you for the following information:

- Name and address of the child care provider
- Your child's name, age, sex and primary language
- The nature and extent of your child's injuries
- Why you believe your child is being abused or neglected
- Any additional information that may be helpful

Cómo Reportar Abuso y Descuido de Niños

SI USTED CREE QUE SU PROVEEDOR DE CUIDADO INFANTIL ESTÁ DESATENDIENDO A SU NIÑO(A) O ABUSANDO DE ÉL/ELLA, DEJE DE LLEVAR A SU NIÑO(A) AL PROVEEDOR. INFORME A SU TRABAJADOR(A) DE LA HRA, Y SE LE EXCUSARÁ DE SUS ACTIVIDADES HASTA QUE USTED PUEDA CONSEGUIR CUIDADO INFANTIL SEGURO.

Si usted sospecha que su proveedor de cuidado infantil está desatendiendo a su niño(a) o abusando de él/ella, debería reportar esto a la:

**LÍNEA DE EMERGENCIAS PARA ABUSO Y MALTRATO DE NIÑOS
DEL REGISTRO CENTRAL DEL ESTADO DE NUEVA YORK:**

1-800-342-3720

LA LÍNEA DE EMERGENCIAS ESTÁ DISPONIBLE LAS 24 HORAS DEL DÍA, LOS 7 DÍAS DE LA SEMANA

El/la operador(a) de la línea de emergencias hablará con usted de lo que usted cree que le está pasando a su niño(a). Se le puede pedir que usted proporcione la siguiente información:

- El nombre y dirección del proveedor de cuidado infantil
- El nombre, la edad, el sexo, y el idioma principal de su niño(a)
- El tipo y la gravedad de las lesiones de su niño(a)
- El motivo por el cual usted cree que se le está abusando de su niño(a) o desatendiendo a él/ella
- Toda información adicional que pueda ser pertinente

IMPORTANT INFORMATION ABOUT CHILD CARE

This notice provides information about your rights and responsibilities while looking for the child care you need to participate in HRA work and training activities.

What should I expect when I report to the Job Center?

- You will be given an appointment to return 15 days after the interview with your worker. During the 15 days, you are to search for a child care provider.
- If you can't find child care during the 15 days, you may receive an extension. You should let your worker know at your next scheduled appointment if you need more time to search for child care.

YOUR RIGHTS

You have the **right to:**

- **choose** your child care provider. This provider can be licensed or regulated, a relative, friend, or trusted neighbor.
- **place your child with a provider that is "appropriate, accessible, suitable and affordable."**

Appropriate:	The provider is open during the times when you need to do your work activity. If your child has special needs, the provider is willing and able to care for these special needs.
Accessible:	You can get to the provider by bus, train or car, and the provider is located within a reasonable distance. Reasonable distance means you can get from home to the provider and then to work all <i>within one hour and 30 minutes</i> .
Suitable:	The provider and facility meets the standards any parent would want for their child. The physical and mental condition of the provider and the physical condition of the day care center or home would not harm your child(ren) or put them in danger.
Affordable:	You have enough money to pay your share of the child care cost, if you have to. You will not have to pay if HRA approves your child care provider unless the provider you choose charges more than the market rate set by the State. If the provider charges more than HRA is authorized to pay, you must pay the difference.

You also have the **right to:**

- **get help** from your worker. If you can't find child care on your own, your worker must provide you with at least **two choices of child care providers**. At least one of these must be licensed or registered with New York State or with the New York City Department of Health.
- **not feel pressured** to accept an unsuitable placement for your child.
- **be excused from your work activity** if you have a child under 13 and are unable to find a provider that meets the standard above. You may initially be excused for **up to 90 days** if HRA agrees that no acceptable care is available. You will be expected to continue your search for child care during the period you are excused. After the excuse period is over, you will be called in again to explain your current child care situation. If you have made a **good faith effort** to find child care that meets the standards but you are still unable to secure child care, you may continue to be excused.
- **receive timely and adequate notice** of any change in child care assistance such as termination, or any change forcing you to switch child care providers. However, if information is revealed about a provider or the facility that may jeopardize the health and safety of the children in that facility, child care may be terminated immediately and you must find another provider.
- **request a fair hearing** to challenge the agency's decision to reduce or end cash assistance if you failed to attend work activities due to a lack of child care.
- **request a fair hearing** to challenge the agency's decision to end child care for your failure to comply with work activities.

YOUR RESPONSIBILITIES

To make sure you receive or continue to receive child care assistance from HRA, you have the responsibility to:

- **Attend all appointments.** If you are still searching for a child care provider, tell your worker at your next scheduled appointment that you need more time to find one.
- **Follow up on all referrals** you are given by your worker or other programs that are helping you locate a provider.
 - Contact or visit all providers that you are referred to until you are able to choose a provider that is appropriate, accessible, suitable and affordable.
 - Take notes about each provider that you visit so that you can make an *informed decision* when choosing the provider and the child care facility that is right for your child. If you feel that none of the providers that you visit are the right fit, you will need to provide *valid reasons* why you did not choose that provider. If you have visited all providers referred to you and still cannot find a child care provider, you will be given more time to search other providers.

- Keep your worker informed of your progress.
- Continue to look for a child care provider and follow up on all referrals even if you are currently excused from work activities due to lack of child care. It is not a permanent excuse.
- Immediately notify your worker if you change your child care provider.

When choosing a provider, ask yourself these important questions:

- Would I feel safe leaving my children at this location with this person or day care provider?
- Are the children under adult supervision at all times?
- What are the health and safety policies and procedures for handling emergencies?
- Does the child care facility look clean?
- Does the child care provider offer the services I need when I need them?
- Can I get to and from the day care center in a reasonable time and distance?

You have the **right to information** about how to locate a child care provider. There are a variety of resources available that can help you find child care:

- ACS Division of Child Care and Head Start: Call 311
- Child Care Resource and Referral Consortium (CCRRC): Call (888) 469-5999
- DOHMH's Family Day Care Registration Office: Call (646) 632-6100 or
Visit: <https://a816-healthpsi.nyc.gov/ChildCare/ChildCareList.do>
- Resources for Children with Special Needs: Call (212) 677-4650 or (212) 677-4660
- EarlyLearn NYC: Visit http://www.nyc.gov/html/acs/html/child_care/for_parents.shtml
- HRA Child Care: Visit <http://nyc-csg-web.csc.nycnet/site/hra/help/childcare.page>
(Enter Zip Code and Select an Age Range)

You can also get a list of names, addresses, and telephone numbers of providers in your zip code from your worker.

TYPES OF CHILD CARE	
Regulated Child Care: Call CCRRC at 888-469-5999 for more information	
A regulated child care provider is licensed or registered by the Department of Health and Mental Hygiene (DOHMH) and conforms to health, fire and building codes. Their employees must pass medical, character and criminal background checks	
Family Child Care:	Care provided in the provider's home for up to six children (including the provider's own children). No more than two children under the age of two are allowed. Many provide child care for children up to age 13.
Group Family Child Care:	Two providers caring for up to 12 children in a provider's home.
Early Learn Child Care Centers:	Year round ACS contracted child care centers where teachers and other trained staff provide care in a classroom setting. Each program has an educational component to promote school readiness and help children develop physically, socially and emotionally.
Child Development Programs: Call 311 for more information	
Head Start:	A child development program that serves children 3-5 years of age and offers activities and educational programs to prepare the children for school.
Universal Pre-Kindergarten (UPK):	A Department of Education program that provides children with a nurturing and educational environment to promote positive early child development. Parents may choose a UPK program in a public school or a community-based environment.
Compass NYC:	Programs for youths that provide a mix of academic support, sports and recreational activities as well as arts and cultural experiences at no cost during afterschool hours, on weekends, and during school vacations. Call DYCD's Youth Connect at 1-800-246-4646 for summer program information.
Informal/Legally-Exempt Providers	
Informal care is often provided by family, friends, or neighbors. Informal providers may care for no more than two unrelated children under age 7 at the same time for three or more hours per day in the provider's home. A checklist must be completed about the health and safety of the home and inspections of the home may be required. The informal/legally-exempt provider must undergo background and criminal checks before they are approved for payment by HRA. The provider cannot be a parent or guardian of the child or be on the same cash assistance case as the child.	

FYI: Licensed or Regulated care is the more secure and stable form of child care available.

IF YOU HAVE QUESTIONS, NEED HELP OR MORE TIME, CONTACT YOUR WORKER

INFORMACIÓN IMPORTANTE SOBRE CUIDADO INFANTIL

Este aviso provee información sobre sus derechos y responsabilidades mientras usted busca el cuidado infantil que necesita para participar en las actividades de trabajo y capacitación de la HRA.

¿Qué debo esperar al presentarme al Centro de Trabajo?

- A usted se le dará una cita para regresar 15 días tras la entrevista con su trabajador. Durante estos 15 días, usted debe buscar a un proveedor de cuidado infantil.
- Si usted no puede conseguir cuidado infantil durante los 15 días, se le puede otorgar una extensión. Si usted necesita más tiempo para buscar cuidado infantil, se lo debe comunicar a su trabajador durante su próxima cita programada.

SUS DERECHOS

Usted tiene el **derecho de:**

- **Elegir a su proveedor de cuidado infantil.** Este proveedor puede tener licencia o estar regulado, ser un pariente, amigo, o vecino confiable.
- **Coloque a su niño con un proveedor "apropiado, accesible, adecuado, y asequible."**

Apropiado:	El proveedor está abierto durante las horas en que usted necesita desempeñar su actividad de trabajo. Si su niño tiene necesidades especiales, el proveedor está dispuesto a atender estas necesidades y es apto para ello.
Accesible:	Usted puede trasladarse al proveedor por autobús, tren o automóvil, y el proveedor está ubicado a una distancia razonable. Por distancia razonable se da a entender que usted puede trasladarse de su casa al proveedor y luego al trabajo dentro de un total de una hora y 30 minutos.
Adecuado:	El proveedor y el establecimiento satisfacen las normas que todo padre quisiera para su hijo. El estado físico y mental del proveedor y las condiciones físicas de la guardería infantil u hogar no le pueden causar daño a su(s) niño(s) o ponerlo(s) en peligro.
Asequible:	Usted cuenta con el dinero suficiente para pagar su porción del costo de cuidado infantil, en caso necesario. Usted no tendrá que costear el cuidado infantil si la HRA aprueba a su proveedor, a menos que el proveedor que usted elija cobre más que la tarifa de mercado estipulada por el Estado. Si el proveedor cobra más de lo que la HRA está autorizada a pagar, usted debe pagar la diferencia.

Usted también tiene el **derecho de:**

- **obtener ayuda** de su trabajador. Si usted no puede conseguir cuidado infantil por cuenta propia, su trabajador debe proporcionarle por lo menos **dos opciones para proveedor de cuidado infantil**. Por lo menos uno de estos proveedores debe contar con licencia o estar registrado con el Estado de Nueva York o con el Departamento de Salud de la Ciudad de Nueva York.
- **no sentirse presionado(a)** a aceptar colocación inadecuada para su niño.
- **ser excusado(a) de su actividad de trabajo** si usted tiene un niño menor de 13 años de edad y no puede conseguir proveedor que cumpla la norma más arriba. Inicialmente usted puede ser excusado(a) por **hasta 90 días**, si la HRA concuerda que no hay cuidado aceptable disponible. Usted se verá obligado a continuar su búsqueda de cuidado infantil durante el periodo de su excusa. Al terminarse el periodo de excusa, se le citará a comparecer nuevamente para explicar su situación actual de cuidado infantil. A usted se le puede seguir excusando si ha hecho un **esfuerzo de buena fe** para encontrar cuidado infantil que satisfaga las normas, pero aún no logra establecer dicho cuidado.
- **recibir aviso oportuno y adecuado** de cualquier cambio en asistencia de cuidado infantil como una reducción, terminación, o cualquier otra circunstancia que le fuerce a usted a cambiar de proveedor de cuidado infantil. No obstante, si se revela información sobre el proveedor o el establecimiento que indique que la salud y seguridad de los niños corre peligro en dicho establecimiento, el cuidado infantil puede terminarse de inmediato y usted debe conseguir otro proveedor.
- **solicitar una audiencia imparcial** para oponerse a la decisión de la agencia de reducir o terminar la Asistencia en Efectivo si usted no asistió como debido a las actividades de trabajo por carecer de cuidado infantil.
- **solicitar una audiencia imparcial** para oponerse a la decisión de la agencia de terminar su cuidado infantil por incumplimiento de las actividades de trabajo.

SUS RESPONSABILIDADES

Para asegurarse de recibir o seguir recibiendo asistencia de cuidado infantil de la HRA, usted tiene la **responsabilidad de:**

- **Asistir a todas las citas.** Si usted aún está buscando proveedor de cuidado infantil, infórmele a su trabajador en su próxima cita programada que necesita más tiempo para encontrarlo.
- **Dé Seguimiento a todos los envíos** de su trabajador o de otros programas que le estén ayudando a encontrar proveedor.
 - Comuníquese o visite a todos los proveedores a los cuales se le envíe hasta que pueda elegir a un proveedor que sea apropiado, accesible, adecuado y asequible.
 - Tome notas sobre cada proveedor que visite para poder tomar una *decisión informada* a la hora de elegir dicho proveedor y el establecimiento de cuidado infantil adecuados para su niño(a). Si considera que ninguno de los proveedores es apropiado, debe proveer *justificación válida* que explique la razón por la que no eligió a ese proveedor. Si usted ha visitado a todos los proveedores a

los cuales se le ha enviado y aún no puede encontrar proveedor de cuidado infantil, se le otorgará más tiempo para buscar a otros proveedores.

- Mantenga informado a su trabajador sobre su progreso.
- Siga buscando a un proveedor de cuidado infantil y dé seguimiento a todos los envíos, aun cuando tenga actualmente una excusa de las actividades de trabajo por carecer de cuidado infantil. Ésta no es excusa permanente.
- Informe a su trabajador de inmediato si cambia su proveedor de cuidado infantil.

Al elegir a un proveedor, hágase a sí mismo las siguientes importantes preguntas:

- ¿Consideraría seguro dejar a mis hijos en este local con esta persona o proveedor de cuidado infantil?
- ¿Están los niños bajo la supervisión de un adulto en todo momento?
- ¿Qué son las políticas sanitarias y de seguridad, y qué son los procedimientos para manejar situaciones de emergencia?
- ¿Luce limpio el establecimiento de cuidado infantil?
- ¿Ofrece el proveedor de cuidado infantil los servicios que yo necesito y a la hora que los necesito?
- ¿Puedo trasladarme a la guardería infantil y de vuelta en un plazo de tiempo razonable?

Usted tiene **derecho a la información** sobre cómo ubicar a un proveedor de cuidado infantil. Hay varios recursos disponibles que pueden ayudarle a conseguir cuidado infantil:

- División de Cuidado Infantil y Head Start de ACS. Llame al **311**
- Recursos de Cuidado Infantil y Consorcio de Envíos (CCRRC): Llame al **(888) 469-5999**
- Oficina de Inscripción de Guardería Infantil Familiar de DOHMH: Llame al **(646) 632-6100** o
Visite: <https://a816-healthpsi.nyc.gov/ChildCare/ChildCareList.do>
- Recursos para Niños con Necesidades Especiales: Llame al **(212) 677-4650** o **(212) 677-4660**
- EarlyLearn NYC: Visite http://www.nyc.gov/html/lacs/html/child_care/for_parents.shtml
- Cuidado Infantil de HRA: Visite <http://nyc-csg-web.csc.nycnet/site/hra/help/childcare.page>
(Introduzca su Código Postal y Seleccione un Grupo de Edad)

Usted también puede obtener de su trabajador una lista de nombres, direcciones y números de teléfono de los proveedores en su código postal.

TIPOS DE CUIDADO INFANTIL	
Cuidado Infantil Regulado: Llame a CCRRC a 888-469-5999 para más información	
Un proveedor regulado de cuidado infantil tiene licencia o está registrado por el Departamento de Salud e Higiene Mental (DOHMH) y cumple los códigos de salud, incendios y edificación. Sus empleados deben pasar un examen médico, y los controles de solvencia moral y de antecedentes penales.	
Cuidado Infantil Familiar:	Se brinda en el hogar del proveedor para hasta seis niños (incluyendo a los niños propios del proveedor). No se permiten más de dos niños con menos de dos años de edad. Muchas personas son proveedores de cuidado infantil para niños de hasta 13 años de edad.
Cuidado Infantil Familiar en Grupo:	Lo brindan dos proveedores que cuidan de hasta 12 niños en el hogar del proveedor.
Centros de Cuidado Infantil de EarlyLearn:	Centros de cuidado infantil contratados por ACS por todo el año en que maestros y otro personal capacitado brindan cuidado en un aula de clase. Cada programa tiene un componente educativo que tiene por objeto facilitar la preparación escolar y ayudar a los niños a desarrollarse física, social y emocionalmente.
Programas de Desarrollo de Niños: Llame al 311 para más información	
Head Start:	Un programa de desarrollo infantil que sirve a niños de 3-5 años de edad y que brinda actividades y programas educativos cuyo objetivo es facilitar la preparación escolar.
Pre-Kínder Universal (UPK):	Un programa del Departamento de Educación que provee a niños un entorno educacional y propicio con el fin de promover un desarrollo positivo de la primera infancia. Los padres pueden elegir un programa UPK en una escuela pública o ambiente comunitario.
Compass NYC:	Programas para jóvenes que brindan una mezcla de apoyo académico, deportes y actividades recreativas así como experiencias artísticas y culturales sin costo alguno, después de las horas escolares, los fines de semana, y durante las vacaciones escolares. Llame a Youth Connect de DYCD al 1-800-246-4646 para información sobre programas de verano.
Proveedores Informales/Legalmente Exentos	
El cuidado informal lo provee a menudo la familia, los amigos, o los vecinos. Los proveedores informales pueden cuidar a no más de dos niños sin relación familiar con menos de 7 años de edad a la misma vez, por tres horas o más al día en el hogar del proveedor. Se debe llenar una lista de verificación sobre la condición y seguridad del hogar, y puede ser necesario realizar inspecciones del mismo. El proveedor informal/legalmente exento debe someterse a controles de solvencia moral y de antecedentes penales, antes de que la HRA apruebe su pago. El proveedor no debe ser ni padre/madre, ni tutor del niño, ni formar parte del mismo caso de Asistencia en Efectivo que el niño.	

Para su información: El cuidado regulado o con licencia es el tipo de cuidado infantil disponible más seguro y estable.

SI USTED TIENE CUALQUIER PREGUNTA, NECESITA AYUDA O MÁS TIEMPO, COMUNÍQUESE CON SU TRABAJADOR.

Child Care Provider Form Desk Guide

Scenario	Provider Type	Form Required	Title
New Provider/ Change in Provider	Licensed/ Regulated	CS-274W/CS-274W (S) FIA-1132 (E)/FIA-1132 (S)	Child Care Provider Enrollment Supplement How to Report Child Abuse and Neglect
	Legally-Exempt In-Home Care	CS-274W/CS-274W (S) CS-574EE/CS-574EE (S) CS-574FF/CS-574FF-S OCFS-LDSS-4699/OCFS-LDSS-4699S FIA-1132 (E)/FIA-1132 (S)	Child Care Provider Enrollment Supplement Child Care Fact Sheet and Planner Proof of ID and Residency for Your Child Care Provider or “Babysitter” Enrollment Form For Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care How to Report Child Abuse and Neglect
	Legally-Exempt Group Family Care	CS-274W/CS-274W (S) OCFS-LDSS-4700/OCFS-LDSS-4700S FIA-1132 (E)/FIA-1132 (S)	Child Care Provider Enrollment Supplement Enrollment Form for Provider of Legally-Exempt Group Child Care How to Report Child Abuse and Neglect
Employment of Minor as Child Care Provider (minors 14 through 17 years of age)	Legally-Exempt	CS-274W/CS-274W (S) CS-574EE/CS-574EE (S) CS-574FF/CS-574FF-S OCFS-LDSS-4699/OCFS-LDSS-4699S OCFS-LDSS-4699.1/OCFS-LDSS-4699.1S OCFS-LDSS-4699.1A FIA-1132 (E)/FIA-1132 (S)	Child Care Provider Enrollment Supplement Child Care Fact Sheet and Planner Proof of ID and Residency for Your Child Care Provider or “Babysitter” Enrollment Form For Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care Employment Of Minors Form Employment Of Minors, Information How to Report Child Abuse and Neglect
Child Care Provided in the Home of the Child (parent must pay minimum wage and taxes for the provider)	Legally-Exempt	CS-274W/CS-274W (S) CS-574FF/CS-574FF-S OCFS-LDSS-4699.2/OCFS-LDSS-4699.2S OCFS-LDSS-4699.2A FIA-1132 (E)/FIA-1132 (S)	Child Care Provider Enrollment Supplement Proof of ID and Residency for Your Child Care Provider or “Babysitter” Legally-Exempt In-Home Child Care Provider Agreement Form Parental Responsibilities When Employing A Legally-Exempt In-Home Child Care Provider How to Report Child Abuse and Neglect

Child Care Provider Form Desk Guide

Scenario	Provider Type	Form Required	Title
Provider with Criminal History (referral to ACS required for crimes against a child)	Legally-Exempt	CS-274W/CS-274W (S) CS-574FF/CS-574FF-S OCFS-LDSS-4699/OCFS-LDSS-4699S OCFS-LDSS-4915 FIA-1132 (E)/FIA-1132 (S)	Child Care Provider Enrollment Supplement Proof of ID and Residency for Your Child Care Provider or “Babysitter” Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care History of Criminal Convictions and Parental Acknowledgment How to Report Child Abuse and Neglect
Revise Provider Information (same provider includes change in address, contact information, etc.)	Legally-Exempt	CS-274W/CS-274W (S) OCFS-LDSS-4700/OCFS-LDSS-4700S FIA-1132 (E)/FIA-1132 (S)	Child Care Provider Enrollment Supplement Enrollment Form for Provider of Legally-Exempt Group Child Care How to Report Child Abuse and Neglect
New Unknown Provider (complete Child Care Packet – all forms provided)	Unknown	CS-274W/CS-274W (S) CS-574EE/CS-574EE (S) CS-574FF/CS-574FF-S OCFS-LDSS-4699/OCFS-LDSS-4699S OCFS-LDSS-4699.1/OCFS-LDSS-4699.1S OCFS-LDSS-4699.1A OCFS-LDSS-4699.2/OCFS-LDSS-4699.2S OCFS-LDSS-4699.2A OCFS-LDSS-4915 OCFS-LDSS-4700/OCFS-LDSS-4700S FIA-1132 (E)/FIA-1132 (S)	Child Care Provider Enrollment Supplement Child Care Fact Sheet and Planner Proof of ID and Residency for Your Child Care Provider or “Babysitter” Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care Employment Of Minors Form Employment Of Minors, Information Legally-Exempt In-Home Child Care Provider Agreement Form Parental Responsibilities When Employing A Legally-Exempt In-Home Child Care Provider History of Criminal Convictions and Parental Acknowledgment Enrollment Form For Provider of Legally-Exempt Group Child Care How to Report Child Abuse and Neglect

Child Care Guarantee Informational

This is to notify you that there has been a change in law that allows more **working** families to receive a guarantee of child care. You may decide that, instead of receiving Cash Assistance (CA), what you really need is help paying for child care. **Families who are applying for and are found eligible for, or are receiving, CA and need child care in order to work**, may be eligible for a child care guarantee for working families. A child care guarantee means that if you meet the eligibility requirements, the social services district must pay an eligible child care provider for your child care. **This guarantee applies only to the hours you are working and a reasonable amount of time for you to get to and from work to your child care provider.**

Who is eligible?

You are eligible for this guarantee if you are applying for and found eligible for CA and choose child care instead of CA, or if you are receiving CA and ask that your CA case be closed, and:

- You are earning at least minimum wage or are employed in a job where minimum wage is made by the combination of gross earnings and tips, or you are self-employed; **AND**
- Your gross earnings are equal to or greater than the amounts listed below; **OR**
- If you are employed in a job exempt from minimum wage rules and you are earning less than minimum wage, you work the minimum number of hours listed below.

What if I am earning at least minimum wage (\$8.75 per hour), am I eligible?

If you are earning at least minimum wage and are a single parent, you must have gross earnings of at least \$153 per week or \$663 per month. If you are a two-parent family, you both must work and have combined gross earnings of at least \$219 per week or \$949 per month. If one parent is not self-employed, gross earnings apply.

What if I am self-employed?

If you are self-employed and are a single parent, you must have gross receipts less allowable deductions of at least \$153 per week or \$663 per month. If you are a two-parent family, you both must be employed and if self-employed have combined gross receipts less allowable deductions of \$219 per week or \$949 per month. If one parent is not self-employed, gross earnings apply.

What if my earned income falls below any of the above amounts?

If your gross earnings fall below the above amounts, you will no longer be eligible for this guarantee. If this happens, you may want to ask your Worker if you are eligible for child care under another program.

What if my job doesn't pay minimum wage?

If you are a single parent whose employer is not required to pay minimum wage and you are earning less than \$8.75 per hour, you must be working at least 17.5 hours per week. If you are a two-parent household with both parents working, you must have a combined total of at least 25 hours per week.

What if we are a two-parent household where one of us earns below minimum wage and the other earns at least minimum wage or is self employed?

A two-parent household where one parent earns at least minimum wage or is self-employed and the other parent is employed in a job exempt from minimum wage rules that pays less than minimum wage is eligible for the child care guarantee if:

- the parent earning at least minimum wage or who is self-employed earns at least \$153 per week or \$663 per month; and
- the parent earning less than minimum wage is working a minimum of 7.5 hours per week.

What if my work hours drop below these amounts?

If you are earning less than minimum wage and your hours drop below the above number, you will not be eligible for the guarantee.

What if my income or hours of work change all of the time?

If your hours of work or earnings are constantly changing, we will look at an average number of hours and amount of income that occurs over a period of three to six months. As long as the average number of hours or amount of income meets the minimum described above, you will still be eligible.

What happens when my income rises above the amount that I would be eligible for CA?

Once your family income is at or above the amount that would allow you to remain eligible for CA but is at or below 200% of the State Income Standards, you may be eligible for transitional child care.

What if I am working and going to school?

The guarantee applies only to the hours that you are working and a reasonable amount of time for you to get to and from work from your child care provider. You also may be eligible for child care for the hours that you are in school. If you need child care in order to go to school, you should discuss this with your Worker.

Are all of my children eligible for the child care guarantee?

Any child under the age of 13 is covered by the guarantee. If you have older children with special needs who need child care, they may be eligible under a different child care program. You should let your Worker know about any of your children who have special needs.

How will receipt of the child care guarantee affect my child support money?

If you are eligible for the child care guarantee and receive court ordered child support, you will be able to keep all of your child support money.

Does my eligibility for this child care guarantee have a time limit like the 60-month time limit for CA?

No, your child care benefits under this guarantee are not limited to 60 months. You can continue to receive child care benefits for as long as you are eligible.

Why don't I have a child care guarantee while I am on CA?

Actually, you do. CA participants who are participating as required in work activities also have a child care guarantee as long as they meet certain requirements. However, the child care in lieu of CA guarantee discussed in this letter allows you to receive the same guarantee of child care without having to remain on CA.

If I decide all I really need is child care, how do I apply for the child care guarantee?

If you are eligible for CA and decide that all you really need is child care, your Worker can tell you how to apply for the child care guarantee. If you are already receiving CA and are otherwise eligible for the program, you will need to close your CA case in order to get this guarantee.

Will all of my child care be paid?

If you choose to receive child care assistance instead of receiving CA and child care, you will have to pay part of your child care costs, in the amount of \$15 per week for full time care or \$12 per week for part time care. This is called your family share. Additionally, if your provider charges above the market rate, you will need to pay the amount that your provider charges above the market rate.

Who can care for my child?

You can choose any eligible child care provider. This may be a licensed or registered day care center, family or group family day care home, or school-age child care program. You can also choose a relative, neighbor, or friend. If you want a relative, neighbor, or friend to care for your child, he or she will need to meet certain eligibility requirements and enroll with a legally-exempt caregiver enrollment agency. Ask your Worker for the enrollment forms.

What if I change my mind and decide that I need CA as well as child care?

You can still apply for CA at any time. If you are found eligible for CA, you may still be eligible for child care.

What about other benefits like Supplementary Nutrition Assistance Program (SNAP) Benefits and Medical Assistance?

Your SNAP eligibility will not be affected if you request child care instead of CA.

If you are applying for Medical Assistance and you choose to receive child care instead of CA, your application will be referred to the Medicaid program for a separate determination. If you are currently receiving Medicaid and request that your CA case be closed, your Medicaid will continue unchanged until Medicaid can complete a separate determination.

What if I have any questions about this letter?

You can contact your Worker.

Información Sobre Garantía de Cuidado Infantil

Por el presente le informamos que ha habido un cambio en la ley que permite a más familias **que trabajan** recibir una garantía de cuidado infantil. Usted puede decidir que en lugar de Asistencia en Efectivo (CA), lo que realmente necesita es ayuda para pagar el cuidado infantil. **Las familias que estén solicitando y a las que se les determine elegibles para Asistencia en Efectivo, o que estén recibiendo, y que necesiten cuidado infantil para poder trabajar**, pueden ser elegibles para una garantía de cuidado infantil para las familias que trabajan. La garantía de cuidado infantil significa que si usted reúne los requisitos de elegibilidad, el distrito de servicios sociales tendrá que pagar los servicios de un proveedor elegible de cuidado infantil para su cuidado infantil. **Esta garantía sólo cubre las horas en que usted esté trabajando y un tiempo razonable para ir al trabajo y volver al local del proveedor de cuidado infantil.**

¿Quién es elegible?

Usted es elegible para esta garantía si está solicitando y se les determina elegible para Asistencia en Efectivo y elige cuidado de infantil en lugar de Asistencia en Efectivo, o si está recibiendo Asistencia en Efectivo y solicita el cierre de su caso de Asistencia en Efectivo, y si:

- Usted gana por lo menos el salario mínimo o está empleado en un trabajo en el cual el salario mínimo está compuesto de la combinación del ingreso bruto más las propinas, o usted trabaja por cuenta propia; **Y**
- Su ingreso bruto equivale a o es superior a las cantidades indicadas más abajo; **O**
- Si usted está empleado en un trabajo exento de las disposiciones de salario mínimo y gana menos del salario mínimo, usted trabaja la cantidad mínima de horas indicadas más abajo.

¿Qué tal si gano por lo menos el salario mínimo (\$8.75 por hora), soy elegible?

Si usted gana por lo menos el salario mínimo y es padre o madre soltero(a), debe tener ingreso bruto de \$153 semanales o \$663 mensuales. Si usted forma parte de un hogar con ambos padres, los dos padres deben trabajar y ganar un ingreso total bruto de \$219 semanales o \$949 mensuales. En caso de que uno de los padres/madres no trabaje por cuenta propia, se toman en cuenta los ingresos brutos.

¿Qué tal si trabajo por cuenta propia?

Si usted trabaja por cuenta propia y es padre o madre soltero(a), debe ganar un ingreso bruto menos las deducciones admitidas de por lo menos \$153 a la semana o \$663 al mes. Si integra un hogar con ambos padres, ambos padres deben estar empleados y si trabajan por cuenta propia deben ganar un ingreso bruto menos las deducciones admitidas de \$219 semanales o \$949 mensuales. Si uno de los padres no trabaja por cuenta propia, corresponden las cantidades de ingreso bruto.

¿Qué tal si mi ingreso salarial se reduce y resulta inferior a las cantidades indicadas arriba?

Si su ingreso bruto es inferior a las cantidades indicadas arriba, usted deja de ser elegible para esta garantía. En tal caso, puede consultar con su Trabajador para averiguar si usted es elegible para cuidado infantil de otro programa.

¿Qué tal si en mi empleo no pagan el salario mínimo?

Si usted es un(a) padre/madre soltero(a) cuyo empleador no está obligado a pagar el salario mínimo, y usted gana menos de \$8.75 la hora, debe estar trabajando por lo menos 17.5 horas semanales. Si usted forma parte de un hogar de dos padres que trabajan, debe tener un total combinado de por lo menos 25 horas semanales.

¿Que tal si somos un hogar con los dos padres, donde uno de los padres gana menos del salario mínimo y el otro gana por lo menos el salario mínimo o trabaja por cuenta propia?

Un hogar con los dos padres, donde uno de ellos gana por lo menos el salario mínimo o trabaja por cuenta propia y el otro está empleado en un trabajo exento de las disposiciones de salario mínimo y gana menos del salario mínimo, es elegible para la garantía de cuidado infantil si:

- el padre/madre que gana por lo menos el salario mínimo o trabaja por cuenta propia gana por lo menos \$153 a la semana o \$663 mensual; y
- el padre/madre que gana menos del salario mínimo está trabajando por lo menos 7.5 horas a la semana.

¿Qué tal si mi horario de trabajo es inferior a las horas indicadas?

Si usted gana menos del salario mínimo y su horario de trabajo es inferior a las horas indicadas, usted no es elegible para esta garantía.

¿Qué tal si mis ingresos u horas de trabajo cambian constantemente?

Si su horario de trabajo o sus ingresos cambian a menudo, tendremos en cuenta el promedio de horas y cantidad de ingreso de un período de tres a seis meses. Mientras el promedio de horas o cantidad de ingreso cumpla con las cantidades mínimas señaladas más arriba, usted será elegible.

¿Qué tal si mis ingresos aumentan en exceso de la cantidad a la cual yo sería elegible para Asistencia en Efectivo?

Una vez que los ingresos familiares igualen o superen la cantidad que le permitiría permanecer elegible para Asistencia en Efectivo, pero equivalgan o sean inferiores al 200% del Estándar Estatal de Ingresos, usted puede ser elegible para beneficios de cuidado infantil transitorio.

¿Qué tal si trabajo y estudio?

Esta garantía sólo cubre las horas en las que usted está trabajando y un tiempo razonable que le permita ir al trabajo desde el local del proveedor de cuidado infantil y del trabajo de vuelta al local del proveedor. Además usted podría ser elegible para cuidado infantil durante las horas que usted asiste a la escuela. Si necesita cuidado infantil para asistir a la escuela, debe tratar del tema con su Trabajador.

¿Son elegibles todos mis hijos para la garantía de cuidado infantil?

La garantía cubre a todos los niños menores de 13 años de edad. Si usted tiene hijos mayores de 13 años de edad con necesidades especiales que necesiten cuidado infantil, pueden ser elegibles para un programa distinto de cuidado infantil. Usted debe informarle a su Trabajador sobre cualquiera de sus niños que tengan necesidades especiales.

¿Cómo se verá afectado el dinero de mi manutención debido al recibo de la garantía de cuidado infantil?

Si usted es elegible para la garantía de cuidado infantil y recibe manutención de niños por orden judicial, puede retener todo su dinero de la manutención de niños.

¿Tiene límite de tiempo mi elegibilidad para esta garantía de cuidado infantil como el límite de 60 meses para Asistencia en Efectivo?

No, sus beneficios de cuidado infantil bajo esta garantía no se limitan a 60 meses. Usted puede seguir recibiendo los beneficios de cuidado infantil siempre y cuando sea elegible.

¿Por qué no tengo una garantía de cuidado infantil mientras recibo Asistencia en Efectivo?

En realidad, sí la tiene. Los participantes de Asistencia en Efectivo que participan como debido en actividades laborales también tienen una garantía de cuidado infantil siempre que cumplan ciertos requisitos. Sin embargo, la garantía de cuidado infantil en lugar de Asistencia en Efectivo tratada en esta carta le permite recibir la misma garantía de cuidado infantil sin tener que seguir recibiendo Asistencia en Efectivo.

Si decido que lo único que realmente necesito es cuidado infantil, ¿cómo solicito la garantía de cuidado infantil?

Si usted es elegible para recibir Asistencia en Efectivo y decide que lo único que necesita es cuidado infantil, su Trabajador le puede informar cómo solicitar la garantía de cuidado infantil. Si usted ya está recibiendo Asistencia en Efectivo y es por lo demás elegible para el programa, usted tendrá que cerrar su caso de Asistencia en Efectivo para poder obtener esta garantía.

¿Se pagará todo mi cuidado infantil?

Si usted opta por recibir asistencia de cuidado infantil en lugar de Asistencia en Efectivo y cuidado infantil, tendrá que pagar parte de los costos de cuidado infantil, en la cantidad de \$15 semanales para cuidado a tiempo completo o \$12 semanales para cuidado a tiempo parcial. Esto se denomina su porción familiar. Además, si su proveedor cobra en exceso de la tarifa del mercado, usted tendrá que pagar la cantidad que su proveedor cobre en exceso de la tarifa del mercado.

¿Quién puede cuidar a mi hijo(a)?

Usted podría elegir cualquier proveedor elegible de cuidado infantil. Puede ser una guardería, hogar individual o de grupo para cuidado infantil o programa de guardería escolar con licencia o registrados. También puede elegir a un familiar, vecino o amigo. Si usted opta por un familiar, vecino o amigo para que cuide a su hijo(a), dicha persona tendrá que satisfacer ciertos requisitos de elegibilidad e inscribirse en una agencia de proveedores legalmente exentos. Pídale a su Trabajador los formularios de inscripción.

¿Qué tal si cambio de parecer y decido que además de cuidado infantil necesito Asistencia en Efectivo?

En tal caso aún puede solicitar Asistencia en Efectivo en cualquier momento. Si se determina que usted es elegible para Asistencia en Efectivo, aún puede ser elegible para cuidado infantil.

¿Qué tal de los otros beneficios como del Programa de Asistencia de Nutrición Suplementaria (SNAP) y Asistencia Médica?

Su elegibilidad para SNAP no se verá afectada si usted solicita cuidado infantil en lugar de Asistencia en Efectivo.

Si usted solicita Asistencia Médica y opta por recibir cuidado infantil en lugar de Asistencia en Efectivo, su solicitud se trasladará al programa Medicaid para una determinación por separado. Si usted actualmente está recibiendo Medicaid y solicita que se cierre su caso de Asistencia en Efectivo, sus beneficios de Medicaid continuarán sin cambios hasta que Medicaid pueda llevar a cabo una determinación por separado.

¿Qué tal si tengo alguna pregunta sobre esta carta?

Puede comunicarse con su Trabajador.

Child Care Appointment Confirmation and Contact List

Parent/Guardian's Name: _____ Case Number: _____

I understand that I must be employed and/or participating in a work-related activity.

I understand that in order for me to obtain or to continue with employment and/or participating in a work-related activity, child care arrangements must be in place for my child(ren) who need(s) care. I will confirm these child care arrangements by keeping the following two child care appointments that were made for me.

<i>Provider Name (Worker-Referred)</i>	<i>Telephone Number</i>	<i>Appointment</i>	
		<i>Date</i>	<i>Time</i>
<i>Provider Address</i>			
PROVIDER: Are there any available openings? <input type="checkbox"/> Yes <input type="checkbox"/> No License No.: _____ Provider's Signature: _____ Reason for not choosing this provider: <input type="checkbox"/> The provider was not open for the days or hours needed or could not care for your child's special needs. <input type="checkbox"/> The provider is not accessible by private or public transportation. <input type="checkbox"/> The provider is not within reasonable distance because the travel time from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes. <input type="checkbox"/> Other (Please Explain): _____			

<i>Provider Name (Worker-Referred)</i>	<i>Telephone Number</i>	<i>Appointment</i>	
		<i>Date</i>	<i>Time</i>
<i>Provider Address</i>			
PROVIDER: Are there any available openings? <input type="checkbox"/> Yes <input type="checkbox"/> No License No.: _____ Provider's Signature: _____ Reason for not choosing this provider: <input type="checkbox"/> The provider was not open for the days or hours needed or could not care for your child's special needs. <input type="checkbox"/> The provider is not accessible by private or public transportation. <input type="checkbox"/> The provider is not within reasonable distance because the travel time from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes. <input type="checkbox"/> Other (Please Explain): _____			

If I choose a provider on my own, I will write the name, address and telephone number of the provider on the form; in addition, I will have the provider sign the form.

<i>Provider Name</i>	<i>Telephone Number</i>	<i>Appointment</i>	
		<i>Date</i>	<i>Time</i>
<i>Provider Address</i>			
<p>PROVIDER: Are there any available openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>License No.: _____ Provider's Signature: _____</p> <p>Reason for not choosing this provider:</p> <p><input type="checkbox"/> The provider was not open for the days or hours needed or could not care for your child's special needs.</p> <p><input type="checkbox"/> The provider is not accessible by private or public transportation.</p> <p><input type="checkbox"/> The provider is not within reasonable distance because the travel time from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes.</p> <p><input type="checkbox"/> Other (Please Explain): _____</p>			

<i>Provider Name</i>	<i>Telephone Number</i>	<i>Appointment</i>	
		<i>Date</i>	<i>Time</i>
<i>Provider Address</i>			
SAMPLE			
<p>PROVIDER: Are there any available openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>License No.: _____ Provider's Signature: _____</p> <p>Reason for not choosing this provider:</p> <p><input type="checkbox"/> The provider was not open for the days or hours needed or could not care for your child's special needs.</p> <p><input type="checkbox"/> The provider is not accessible by private or public transportation.</p> <p><input type="checkbox"/> The provider is not within reasonable distance because the travel time from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes.</p> <p><input type="checkbox"/> Other (Please Explain): _____</p>			

I will accept one of the above providers or seek other licensed, legally-exempt, or informal care so I can participate in my activity as noted above. (See form **CS-574EE** in your child care packet.)

If I use a licensed provider, I understand I must also obtain all of the needed medical/immunization records so that my child(ren) can start as soon as possible.

If I choose to use an informal or legally-exempt child care provider, the provider must be approved by the enrollment agency in order for the provider to receive payment from the Human Resources Administration (HRA).

I will provide a written explanation if I do not accept one of the Worker referred providers or am unable to locate my own provider.

I understand that I have an appointment to bring back this form, the child care provider enrollment form(s) (**LDSS-4699/LDSS-4700** and/or **CS-274W**) provided to me and other supporting documentation (if applicable) no later than _____, and if I do not do so I may be found ineligible for benefits.

RETURN APPOINTMENT DATE

PARENT / GUARDIAN'S SIGNATURE DATE

JOS / CHILD CARE WORKER'S SIGNATURE DATE

Confirmación de Cita de Cuidado Infantil y Lista de Contactos

Nombre del/de la padre/madre/tutor: _____ Número del Caso: _____

Entiendo que debo estar empleado(a) y/o participando en una actividad relacionada con el trabajo.

Entiendo que para poder obtener trabajo o seguir trabajando y/o participando en una actividad relacionada con el trabajo, debe estar arreglado el cuidado infantil para mi(s) niño(s) quien(es) necesite(n) cuidado. Confirmaré este arreglo de cuidado infantil al cumplir las siguientes citas de cuidado infantil, que se me han programado.

Nombre del Proveedor (Remitido por el Trabajador)	Número Telefónico	Cita	
		Fecha	Hora
Dirección del Proveedor			
PROVEEDOR: ¿Hay disponibilidad? <input type="checkbox"/> Sí <input type="checkbox"/> No Núm. de Licencia: _____ Firma del Proveedor: _____ La razón por no escoger a este proveedor: <input type="checkbox"/> El proveedor no estaba disponible los días u horas necesarios o no pudo atender las necesidades especiales de su niño(a). <input type="checkbox"/> Usted no puede transportarse al proveedor por transporte privado o público. <input type="checkbox"/> El proveedor no está ubicado en una distancia adecuada porque la duración del viaje desde el hogar suyo hasta el proveedor de cuidado infantil y luego a su actividad de trabajo excede 1 hora y 30 minutos. <input type="checkbox"/> Otro caso (Explique por favor): _____ _____ _____			

Nombre del Proveedor (Remitido por el Trabajador)	Número Telefónico	Cita	
		Fecha	Hora
Dirección del Proveedor			
PROVEEDOR: ¿Hay disponibilidad? <input type="checkbox"/> Sí <input type="checkbox"/> No Núm. de Licencia: _____ Firma del Proveedor: _____ La razón por no escoger a este proveedor: <input type="checkbox"/> El proveedor no estaba disponible los días u horas necesarios o no pudo atender las necesidades especiales de su niño(a). <input type="checkbox"/> Usted no puede transportarse al proveedor por transporte privado o público. <input type="checkbox"/> El proveedor no está ubicado en una distancia adecuada porque la duración del viaje desde el hogar suyo hasta el proveedor de cuidado infantil y luego a su actividad de trabajo excede 1 hora y 30 minutos. <input type="checkbox"/> Otro caso (Explique por favor): _____ _____ _____			

Si escojo a un proveedor de mi propia cuenta, escribiré en el formulario el nombre, la dirección y el número de teléfono del proveedor; además, le pediré al proveedor que firme el formulario.

<i>Nombre del Proveedor</i>	<i>Número Telefónico</i>	<i>Cita</i>	
		<i>Fecha</i>	<i>Hora</i>
<i>Dirección del Proveedor</i>			

PROVEEDOR: ¿Hay disponibilidad? Sí No

Núm. de Licencia: _____ Firma del Proveedor: _____

La razón por no escoger a este proveedor:

El proveedor no estaba disponible los días u horas necesarios o no pudo atender las necesidades especiales de su niño(a).

Usted no puede transportarse al proveedor por transportación privada o pública.

El proveedor no está ubicado en una distancia adecuada porque la duración del viaje desde el hogar suyo hasta el proveedor de cuidado infantil y luego a su actividad de trabajo excede 1 hora y 30 minutos.

Otro caso (Explique por favor): _____

<i>Nombre del Proveedor</i>	<i>Número Telefónico</i>	<i>Cita</i>	
		<i>Fecha</i>	<i>Hora</i>
<i>Dirección del Proveedor</i>			

PROVEEDOR: ¿Hay disponibilidad? Sí No

Núm. de Licencia: _____ Firma del Proveedor: _____

La razón por no escoger a este proveedor:

El proveedor no estaba disponible los días u horas necesarios o no pudo atender las necesidades especiales de su niño(a).

Usted no puede transportarse al proveedor por transportación privada o pública.

El proveedor no está ubicado en una distancia adecuada porque la duración del viaje desde el hogar suyo hasta el proveedor de cuidado infantil y luego a su actividad de trabajo excede 1 hora y 30 minutos.

Otro caso (Explique por favor): _____

Aceptaré a uno de los proveedores más arriba, o buscaré otro cuidado autorizado, legalmente exento o informal para poder participar en mi actividad, tal como indicado más arriba. (Vea el formulario **CS-574EE [S]** en su paquete de cuidado infantil.)

Si uso un proveedor autorizado, entiendo que debo además obtener todos los expedientes médicos/de vacunación necesarios para que mi(s) niño(s) pueda(n) comenzar tan pronto posible.

Si decido usar un proveedor de cuidado infantil informal o legalmente exento, el proveedor debe ser aprobado por la agencia de inscripción para que el proveedor reciba pago de la Administración de Recursos Humanos (HRA).

Proveeré explicación por escrito si no acepto a uno de los proveedores al cual me remita el Trabajador o si no puedo obtener a mi propio proveedor.

Entiendo que tengo una cita para devolver este formulario, el/los formulario(s) de inscripción del proveedor de cuidado infantil (**LDSS-4699/LDSS-4700 [S]** y/o **CS-274W [S]**) que se me ha proveído y otra documentación justificativa (de haberla) a más tardar _____, y en caso de no tomar este paso, FECHA DE LA CITA DE REGRESO

se me puede considerar ineligible para beneficios.

FIRMA DEL/DE LA PADRE/MADRE/TUTOR

FECHA

FIRMA DEL TRABAJADOR DE CUIDADO INFANTIL / JOS

FECHA

Date: _____
Case Number: _____
Case Name: _____
Job Center: _____

Child Care Return Appointment

Please return for the following reason(s)

I. CHILD CARE IS NEEDED

133S (Participant/Sanctioned Individual)

933S (Applicant)

Documents required:

II. ADDITIONAL INFORMATION IS NEEDED

133D (Participant/Sanctioned Individual)

933D (Applicant)

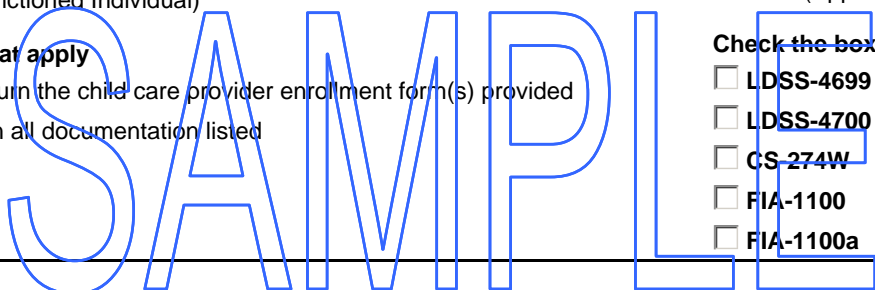
Check the boxes that apply

- Complete and return the child care provider enrollment form(s) provided
- Secure and return all documentation listed

Check the boxes that apply

- LDSS-4699**
- LDSS-4700**
- CS-274W**
- FIA-1100**
- FIA-1100a**

Documents required:



I will bring the above-mentioned documentation with me to my new appointment.

I will return to this **mandatory engagement appointment** on:

Appointment Date: _____ Time: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

This is a mandatory engagement appointment. Failure to keep this appointment may result in a reduction in your Cash Assistance and/or SNAP benefits. Please call the telephone number above if you need to reschedule this appointment.

You must report to the Job Center with this form.

Applicant's/Participant's/Sanctioned Individual's Signature

Date

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Centro de Trabajo: _____

Cita de Vuelta de Cuidado Infantil
Favor de regresar por la(s) siguiente(s) razón(es)

I. SE NECESITA CUIDADO INFANTIL

133S (Participante/Persona Sancionado[a])

933S (Solicitante)

Documentos necesarios:

II. SE NECESITA INFORMACIÓN ADICIONAL

133D (Participante/Persona Sancionado[a])

933D (Solicitante)

Marque las casillas que correspondan

- Llene y devuelva el formulario(s) de inscripción del proveedor de cuidado infantil
- Consiga y devuelva toda la documentación listada

Marque las casillas que correspondan

- LDSS-4699
- LDSS-4700
- CS-274W
- FIA-1100
- FIA-1100a

Documentos necesarios:

Traeré toda la documentación mencionada más arriba a mi nueva cita.

Regresaré a esta **cita de participación obligatoria** el:

Fecha de la Cita: _____ Hora: _____ Teléfono: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Ésta es una cita de participación obligatoria. El no cumplir con esta cita puede resultar en una reducción de sus beneficios de Asistencia en Efectivo y/o SNAP. Favor de llamar al número de teléfono más arriba si necesita reprogramar esta cita.

Usted tiene que presentarse al Centro de Trabajo con este formulario.

Firma del Solicitante/Participante/Persona Sancionado(a)

Fecha

****PLEASE READ****

**IMPORTANT INFORMATION FOR PARENTS/GUARDIANS WHO
USE LEGALLY-EXEMPT CHILD CARE PROVIDERS**

**Notice to Applicants/Participants Regarding Legally-Exempt Provider
Enrollment Agencies**

This notice is to inform you that all informal and legally-exempt child care providers are required to enroll with a Legally-Exempt Provider Enrollment Agency.

If you are using or planning to use an informal provider (babysitter) such as a family member, friend or a legally-exempt group child care provider who requires payment for their child care services, please be aware that all informal and legally-exempt group child care providers are required to be approved by an enrollment agency in order to receive subsidized child care payments from the City of New York.

Legally-Exempt group child care providers are those child care programs that are exempt from licensing. These programs include, but are not limited to, child care programs run by school districts, private schools, nonprofit organizations, summer camps and day care centers.

The Legally-Exempt Provider Enrollment Agency will be responsible for:

- **conducting background checks for all persons age 18 and older working or residing where the child care services are provided;**
- **inspecting the facilities where the child care services are provided in order to monitor compliance with health and safety requirements;**
- **enrolling the child care providers into the agency database of providers; and**
- **determining if the child care provider can be authorized for payment.**

Licensed/regulated providers are not subject to this new requirement.

If you have any questions regarding this new requirement, you may speak to your Worker, the child care specialist or directly to an Enrollment Agent located at your local Job Center.

****FAVOR DE LEER****

**INFORMACIÓN IMPORTANTE PARA PADRES/MADRES/TUTORES
QUE USAN PROVEEDORES DE CUIDADO INFANTIL LEGALMENTE-EXENTOS**

**Aviso a los Solicitantes/Participantes
sobre las Agencias de Inscripción de Proveedores Legalmente-Exentos.**

Este aviso es para informarle que todos los proveedores de cuidado infantil informales y legalmente-exentos tendrán que inscribirse con una Agencias de Inscripción de Proveedores Legalmente-Exentos.

Si usted actualmente está usando o piensa usar un proveedor informal (niñera), tal como un miembro de su familia, un amigo(a) o un proveedor en grupo legalmente-exento que requiere pago por sus servicios de cuidado infantil, favor de tener presente que ahora todo proveedor informal en grupo legalmente-Exento tiene que ser aprobado por una agencia de inscripción para poder recibir pagos subsidiados de cuidado infantil por parte de la Ciudad de Nueva York.

Los proveedores de grupo legalmente-exentos que prestan cuidado infantil son aquellos programas que proveen cuidado infantil y que son exentos de licenciatura. Estos programas incluyen, pero no se limita a, programas de cuidado infantil administrados por el distrito escolar, escuelas privadas, organizaciones sin fines de lucro, campamentos de verano, y guarderías de cuidado infantil.

La Agencia de Inscripción de Proveedores Legalmente-Exentos será responsable por:

- **llevar acabo control de antecedentes a toda persona de 18 años de edad o mayor, que trabaje o resida donde se provee servicios de cuidado infantil;**
- **inspeccionar el lugar donde se proveen los servicios de cuidado Infantil, para poder controlar el cumplimiento de los requisitos de salud y seguridad;**
- **inscribir los proveedores de cuidado infantil e ingresarlos a la base de datos de la agencia de proveedores de cuidado infantil; y**
- **determinar si al proveedor de cuidado infantil se le puede autorizar pago.**

Los proveedores autorizados/regulados no están sujetos a este nuevo requisito.

Si tiene alguna pregunta sobre este nuevo requisito, puede hablar con su Trabajador, el especialista de cuidado infantil o directamente con un Agente de Inscripción en el Centro de Trabajo más cercano a usted.

Did you know that
THE CITY OF NEW YORK WILL PAY FOR YOUR CHILD CARE
for your children under 13 and for children with special needs?

**If you are in the Back-to-Work Program or
another approved employment preparation activity:**

The City of New York will pay for your child care for the hours you are in your activity plus travel time, as long as you attend your activity regularly.

1. DECIDE WHAT KIND OF CARE YOU PREFER

The City of New York will pay for both regulated and informal care. Ask a child care worker at your Job Center for information about your child care options. If your children have any special needs such as disabilities or a health problem, **the NYC Child Care Resource & Referral Consortium can help you find a qualified provider – call their toll free number (888) 469-5999.**

2. THINK ABOUT THE TIMES YOUR CHILDREN WILL NEED CARE

- ♦ You may be in a work activity from 9:00am – 6:00pm. When do you need day care for each of your children? Are any of them in school? They may need part time care. Your preschoolers may need full-time care.
- ♦ Who will drop off and pick up your children from school and/or child care?

3. FILL OUT THE CHILD CARE PROVIDER FORM WITH YOUR PROVIDER

Make sure it is filled in completely and is signed by you and your provider.

4. BRING THE CHILD CARE PROVIDER FORM TO YOUR JOB CENTER

If a babysitter is caring for your children, you must also bring a recent copy of that person's rent, telephone or utility bill. See the handout for details about Provider Identification Documentation Requirements. Each time you start a new activity, change child care providers, or need more hours of care, you must go to your Job Center with a new Child Care Provider Form.

5. IF YOU NEED HELP FINDING SOMEONE TO CARE FOR YOUR CHILDREN

A child care worker at your Job Center can help you or you can call the Child Care Resource and Referral Consortium at (888) 469-5999.

If you have a job:

Bring your pay stubs or an employer letter to your Job Center or Employment office to have your case re-budgeted. You may be able to get help paying for all child care options whether your public assistance case remains open or is closed. If your:

- 1. CASE REMAINS OPEN**, ask a child care worker at your Job Center about how to find child care and arrange for child care payments.
- 2. CASE CLOSSES BECAUSE YOUR EMPLOYMENT INCOME EXCEEDS YOUR NEEDS**, your child care expenses may be paid for. Your case will automatically be transferred to the Transitional Benefits Program. Call the Program at (212) 835-7681 if you need more information or an application.

¿Sabía usted que **LA CIUDAD DE NUEVA YORK PAGARÁ POR EL CUIDADO INFANTIL** de sus hijos menores de 13 años y los niños con necesidades especiales?

Si usted es parte del programa “De Vuelta al Trabajo” o de otra actividad aprobada de preparación para el empleo:

La ciudad de Nueva York pagará por el cuidado de sus niños durante las horas que usted esté en su actividad más el tiempo de viaje, mientras asista a su actividad regularmente.

1. DECIDA QUÉ TIPO DE CARRERA PREFIERE

La ciudad de Nueva York pagará tanto por el cuidado regulado como por el informal. Pida información acerca de sus opciones de cuidado infantil a un asistente social en su Centro de trabajo. Si sus niños tienen necesidades especiales tales como discapacidades o problemas de salud, el NYC Child Care Resource & Referral Consortium (Consortio de Derivación e Investigación de Cuidado Infantil de NYC) puede ayudarlo a encontrar un proveedor calificado – Llame al número gratuito (888) 469-5999.

2. PIENSE EN EL LOS HORARIOS EN LOS QUE SUS HIJOS NECESITARÁN CUIDADOS INFANTILE

- ♦ Es posible que usted esté en una actividad de trabajo desde las 9:00 a.m. hasta las 6:00 p.m. ¿Cuándo necesita cuidado para cada uno de sus hijos? ¿Alguno de ellos va a la escuela? Puede que necesiten cuidado de jornada parcial. Los que aún no vayan a la escuela pueden necesitar cuidado de tiempo completo.
- ♦ ¿Quién dejará a sus hijos en la escuela o guardería y quién irá a buscarlos?

3. LLENE EL FORMULARIO DE PROVEEDOR DE CUIDADO INFANTIL CON SU PROVEEDOR

Asegúrese de que esté correctamente completado y firmado por usted y su proveedor.

4. LLEVE EL FORMULARIO DE PROVEEDOR DE CUIDADO INFANTIL A SU CENTRO DE TRABAJO

Si sus hijos son atendidos por una niñera, también debe llevar una copia reciente del alquiler y la factura de teléfono o de servicio público de esa persona. Lea el folleto para obtener detalles acerca de Los Requisitos de Documentación de Identificación del Proveedor. Cada vez que comience una nueva actividad, cambie de proveedor de cuidado infantil o necesite más horas de cuidado, deberá ir a su Centro de Trabajo con un nuevo Formulario de Proveedor de Cuidado Infantil.

5. SI NECESITA AYUDA PARA ENCONTRAR A ALGUIEN QUE CUIDE DE SUS HIJOS

Un trabajador de cuidados infantiles de su Centro de Trabajo puede ayudarlo, o puede llamar al NYC Child Care Resource and Referral Consortium (Consortio de Derivación e Investigación de Cuidado Infantil de NYC) al (888) 469-5999.

SI USTED TIENE UN TRABAJO:

Lleve sus recibos de pago o una carta del empleador a su Centro de Trabajo u Oficina de Empleo para que su caso sea re-presupuestado. Podrá obtener ayuda para pagar por sus opciones de cuidado infantil ya sea que su caso de asistencia pública permanezca abierto o esté cerrado.

Si:

- 1. SU CASO PERMANECE ABIERTO**, pregunte a un trabajador de cuidado infantil en su Centro de Trabajo acerca de cómo encontrar cuidado infantil y realizar acuerdos de pago.
- 2. SU CASO ES CERRADO PORQUE SU SALARIO EXCEDE SUS NECESIDADES**, sus gastos de cuidado infantil pueden ser cubiertos. Su caso será transferido automáticamente al Programa de Beneficios de Transición. Si necesita más información, o un formulario, llame al Programa al (212) 835-7681.

Authorization For Child Care Payment

We will pay child care fees for the following children:

1. Child's Name: _____ Date of Birth: _____
MONTH DAY YEAR

2. Child's Name: _____ Date of Birth: _____
MONTH DAY YEAR

3. Child's Name: _____ Date of Birth: _____
MONTH DAY YEAR

Name of Parent or Legal Guardian: _____

Case Number: _____

Eligibility for Child Care Determined on: _____
MONTH DAY YEAR

To the Child Care Provider:

You will be paid (up to the maximum amount allowed by New York State) for caring for the children above **for as long as the parent or guardian above remains eligible.**

All parents and guardians who receive subsidized child care are required to be involved in an authorized work-related activity. If parents or guardians discontinue their work activity, they are no longer eligible for child care. If that happens, we will send you a letter, advising you that you should discontinue your services as of the effective date on the termination letter.

Make sure this authorization is signed. The City of New York cannot pay for child care if the parent or guardian is not eligible.

Authorized Worker: _____
PLEASE PRINT

Title: _____ Center: _____

Telephone Number: _____ Date: _____

Signed: _____
WORKER'S SIGNATURE

Autorización para Pago de Cuidado para Niños

Nosotros pagaremos cargos de cuidado para niños para el(los) siguiente(s) niño(s):

1. Nombre del Niño(a): _____ Fecha de Nacimiento: _____
MES DÍA AÑO

2. Nombre del Niño(a): _____ Fecha de Nacimiento: _____
MES DÍA AÑO

3. Nombre del Niño(a): _____ Fecha de Nacimiento: _____
MES DÍA AÑO

Nombre del (de la) Padre/Madre o Guardian Legal: _____

Número del Caso: _____

Elegibilidad de Cuidado para Niño Determinada el: _____
MES DÍA AÑO

Para el Proveedor de Cuidado para Niños:

Se le pagará (hasta la cantidad máxima permitida por el Estado de Nueva York) para cuidar por los niños mencionados arriba **por el tiempo que los padres o guardián mencionado arriba permanezca elegible.**

Todos los padres y guardianes que reciben cuidado para niños subsidiado son requeridos, a estar involucrados en una actividad de trabajo. Si los padres o guardianes descontinúan su actividad de trabajo, no son ya elegibles para cuidado de niños. Si eso sucede, le enviaremos una carta, notificándole que debe descontinuar sus servicios a partir de la fecha efectiva en la carta de terminación.

Asegúrese que esta autorización sea firmada. La Ciudad de Nueva York no puede pagar por cuidado para niños si el padre/madre o guardián no es elegible.

Trabajador(a): _____

FAVOR DE ESCRIBIR EN LETRAS DE MOLDE

Título: _____ Centro: _____

Número de Teléfono: _____ Fecha: _____

Firmado: _____

FIRMA DE TRABAJADOR

Child Care Provider Enrollment Supplement*

To be used with LDSS-4699/LDSS-4700 for all unregulated providers

PARENT/CARETAKER'S NAME:		CASE NUMBER:
ADDRESS:		
TELEPHONE:	SOCIAL SECURITY NUMBER (OPTIONAL, SEE BELOW): ¹	ACCIS CASE NUMBER:
PROVIDER'S NAME:		DATE OF BIRTH: ²
ADDRESS WHERE CARE IS GIVEN:		
PROVIDER'S ADDRESS (IF DIFFERENT):		
TELEPHONE:	PROVIDER'S SOCIAL SECURITY/LICENSE NUMBER/EIN	
<p>¹ The parent/caretaker may, but does not have to, list his/her Social Security number. You cannot be required to disclose your Social Security number as a condition of eligibility for child care services. If provided, your Social Security number will be used to assist in identifying your child care file. It may also be used by Federal, State and local agencies to prevent duplication of services and fraud, and for Federal reporting.</p> <p>² Legally-responsible relatives (parents, stepparents, and legal guardians) cannot be paid as child care providers for their own child(ren).</p> <p>³ If the provider is less than 18 years old, the Employment of Minors Form must be completed.</p>		

Provider/Agency Name: _____

ACCIS Provider Number (if available): _____

Provider's License Type: _____ License Number: _____

Expiration Date: ____/____/____
MM DD YYYY

Provider Rate (All providers, except ACS-contracted programs, must complete this section.)

My weekly child care rates are as follows:

Indicate the rate charged for each age level	INFANT Under 18 months	TODDLER 18 months – under 3 years	PRESCHOOL 3 years – under 6 years	SCHOOL-AGE 6 – 12 years
Full time (30 hours or more per week)				
Part time (15 – 29 hours per week)				
Hourly (1 – 14 hours per week but less than 3 hours per day)				

***ATTENTION:** 1. Regulated/licensed providers are not required to complete the **LDSS-4699** or the **LDSS-4700**. They should complete only pages 1 and 2 of this form and return to the parent/legal guardian. Regulated providers without an ACCIS number must also submit a copy of their license along with the completed **CS-274W**.

2. Informal providers must provide documentation of BOTH their identification and their address in order to be paid by ACS. Please ask your JOS/ACS Worker for the Proof of ID and Residency for Your Child Care Provider or "Babysitter" (**CS-574FF**), which is the list of approved types of ID.

Indicate the weekly schedule(s) of child care services for the child(ren) listed below:

Child's Name	CHILD'S NAME			CHILD'S NAME			CHILD'S NAME		
Date of Birth	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
Date Care Began	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
Weekly Schedule	From	To		From	To		From	To	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
OFFICE USE ONLY	Total Hours per Week			Total Hours per Week			Total Hours per Week		
	ACS Child Care Rate			ACS Child Care Rate			ACS Child Care Rate		

I acknowledge that receiving payment from the City of New York for child care services provided does not make me an employee of the City of New York. I am an employee of the parent/legal guardian of the child for whom I provide care.

Provider Certification

I am enrolling this child in a child care program. I understand that I will be paid only after the child's attendance data is received by ACS and for so long as the above parent/guardian is engaged in an FIA-approved activity or employed. If the parent/guardian fails to meet these criteria, I will be sent a letter from ACS informing me that ACS will no longer pay for child care. I agree that the amount I am charging this parent is not more than the amount I charge for other children of the same age. **I understand that I cannot be paid if I do not list all my rates.**

I will allow the parent/guardian of the children named on this form unlimited access to his/her children and the premises and will make myself available whenever the children are in my care.

I certify that the statements above are accurate and true to the best of my knowledge. I understand that providing false information may lead to the suspension or termination of payments and the recovery of any payments to which I was not entitled.

Provider's Name (print clearly): _____ Official Title (if applicable): _____

Signature: _____ Date: _____

Parent/Guardian Certification

I certify that I have reviewed the above information and that it is correct. I understand I must report any changes to ACS.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

For Agency Use Only:

Is child care authorized for this applicant/participant? Yes No

Agency-approved start date for child care: _____ / _____ / _____
MM DD YYYY

Suplemento de Inscripción del Proveedor de Cuidado Infantil* (a ser usado con LDSS-4699-S/LDSS-4700s para todos los proveedores no regulados)

NOMBRE DE LA/DEL MADRE/PADRE/CUIDADOR:		NÚMERO DEL CASO:
DIRECCIÓN:		
TELÉFONO:	NÚMERO DE SEGURO SOCIAL (OPCIONAL, VEA MÁS ABAJO): ¹	NÚMERO DE CASO ACCIS
NOMBRE DEL PROVEEDOR:		FECHA DE NACIMIENTO: ²
DIRECCIÓN EN DONDE SE CUIDA AL/A LOS NIÑO(S):		
DIRECCIÓN DEL PROVEEDOR (SI ES DISTINTA):		
TELÉFONO:	NÚMERO DE SEGURO SOCIAL/NÚMERO DE LICENCIA/EIN	
<p>¹ La madre, el padre o el cuidador puede proporcionar su número de Seguro Social, pero no está obligado(a) a ello. No se le exige a usted que revele su número de Seguro Social como condición de elegibilidad de servicios de cuidado infantil. Si lo proporciona, su número de Seguro Social será utilizado para la identificación de su expediente de cuidado infantil. También puede ser usado por agencias Federales, Estatales o locales para evitar el fraude y la duplicación de servicios, y para elaborar informes Federales.</p> <p>² Los parientes legalmente responsables (padres, padrastros, y guardianes legales) no pueden ser pagados como proveedores de cuidado infantil para su(s) propio(s) hijo(s).</p> <p>³ Si el proveedor es menor de 18 años, el Formulario de Empleo de Menores (Employment of Minors Form) tiene que llenarse.</p>		

Nombre del/de la Proveedor/Agencia: _____

Núm. de ACCIS del Proveedor (si disponible): _____

Tipo de licencia del proveedor: _____ Núm. de licencia: _____

Fecha de Vencimiento: _____ / _____ / _____
DÍA MES AÑO

Tarifas del Proveedor (Todo proveedor, excepto programas contratados por ACS, tienen que llenar esta sección.)

Mis tarifas semanales de cuidado infantil son las siguientes:

Indique la tarifa cobrada para cada grupo de edad	BEBÉ Menor de 18 meses	NIÑO PEQUEÑO 18 meses – menor de 3 años de edad	PRE- ESCOLAR 3 años – menor de 6 años	EDAD ESCOLAR 6–12 años
Tiempo completo (30 horas o más a la semana)				
Tiempo parcial (15–29 horas a la semana)				
Por hora (1–14 horas a la semana pero menos de 3 horas al día)				

***ATENCIÓN:** 1. Los proveedores con licencia/regulados no tienen que llenar el **LDSS-4699-S** o el **LDSS-4700S**. Solamente deben llenar las páginas 1 y 2 de este formulario y devolvérselas al/a la padre/madre/tutor. Los proveedores regulados sin número de ACCIS también tienen que presentar una copia de la licencia junto con el **CS-274W-S** llenado.

2. Los proveedores informales deben proporcionar documentación de AMBOS su identificación y su dirección para poder recibir pagos por parte de HRA. Favor de pedirle a su Trabajador de JOS/ACS el formulario Prueba de Identidad y Domicilio de su Proveedor de Cuidado Infantil o “Niñera” (**CS-574FF-S**), que consiste en la lista de tipos de identificación admisibles.

Indique el horario semanal de cuidado infantil para cada niño nombrado más abajo:

Nombre del Niño	NOMBRE DEL NIÑO		NOMBRE DEL NIÑO		NOMBRE DEL NIÑO	
Fecha de Nacimiento	MES	DÍA	AÑO	MES	DÍA	AÑO
Fecha de Inicio de Cuidado	MES	DÍA	AÑO	MES	DÍA	AÑO
Horario Semanal	De	A	De	A	De	A
Lunes						
Martes						
Miércoles						
Jueves						
Viernes						
Sábado						
Domingo						
OFFICE USE ONLY	Total Hours per Week		Total Hours per Week		Total Hours per Week	
	ACS Child Care Rate		ACS Child Care Rate		ACS Child Care Rate	

Yo entiendo que el hecho de recibir pagos por parte de la Ciudad de Nueva York por servicios de cuidado infantil no significa que soy un empleado de la misma. Soy empleado del/de la padre/madre/tutor del niño a quien le presto cuidado.

Certificación del Proveedor

Estoy inscribiendo a este niño en un programa de cuidado infantil. Entiendo que será pagado solo después de que la FIA reciba los datos de asistencia del niño siempre y cuando el/la antemencionado(a) padre/madre/tutor esté trabajando o participando en una actividad aprobada por la FIA. En caso de que el/la padre/madre/tutor no reúna estos criterios, la FIA me enviará una carta avisándome de que la FIA ya no pagará por el cuidado infantil. Yo doy fe de que la cantidad que le estoy cobrando a este/a padre/madre no es más de la que cobro por otros niños de la misma edad. **Entiendo que no se me pagará si no indico todas mis tarifas.**

Yo le permitiré al/a la padre/madre/tutor de los niños nombrados en este formulario acceso ilimitado a sus niños y al local de cuidado, y estaré disponible siempre que los niños estén bajo mi cuidado.

Doy fe de que las declaraciones más arriba son verídicas y exactas, según mi leal saber y entender. Entiendo que el proporcionar información falsa puede resultar en la suspensión o terminación de pagos y la recuperación de cualquier pago al cual yo no haya tenido derecho.

Nombre del Proveedor (en letra de molde): _____ Cargo Oficial (si corresponde): _____

Firma: _____ Fecha: _____

Certificación del/de la Padre/Madre/Tutor

Doy fe de que he leído y repasado la información más arriba y que la misma es correcta. Entiendo que tengo que reportar cualquier cambio a la FIA.

Nombre del/de la Padre/Madre/Tutor: _____

Firma del/de la Padre/Madre/Tutor: _____ Fecha: _____

<p>For Agency Use Only:</p> <p>Is child care authorized for this applicant/participant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Agency-approved start date for child care: ____ / ____ / ____</p> <p style="text-align: center;">MM DD YYYY</p>
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Child Care Fact Sheet and Planner

You Have Many Options in Choosing Child Care!

Regulated Child Care

A regulated child care provider is licensed or registered by the Department of Health and Mental Hygiene (DOHMH) and conforms to health, fire and building codes. Workers must pass medical, character and criminal background **checks**.

Family Child Care: Up to six children (8 in some cases) may be cared for in the provider's home. No more than two children under two years of age – including the provider's own – are allowed.

Group Family Child Care: Two providers caring for up to 12 children (14 in some cases) in the home of one of the providers.

Child Care Centers: Teachers and other trained staff provide child care in a classroom setting.

School Age Child Care: Many family day care providers and day care centers serve children up to age 13. There are also free programs; many are located in schools. Talk to an ACS worker in your job center or call 311 to find a school age program in your area.

ACS Child Care Centers: The Administration for Children's Services Division of Child Care and Head Start contracts with centers and family day care networks to provide regulated child care. Each program has an educational component to promote school readiness. Parents should call 311 for help locating a vacancy in an ACS Child Care Center.

Need help finding child care in your area?

Workers at your Job Center can assist you in locating child care. Other resources include: the Child Care Resource and Referral Consortium (CCRRC) at (888) 469-5999.

For children with special needs, call CCRRC or Resources for Children with Special Needs, Inc. at (212) 677-4650.

Child Development Programs

Head Start is a federally-funded, comprehensive child development program that serves children ages three to five and their families. Head Start offers activities and educational programs to prepare children for school and help them succeed later in life. Talk to an ACS worker in your Job Center or call 311 to locate a Head Start program in your neighborhood.

Universal Pre-Kindergarten (UPK) is a comprehensive Department of Education pre-kindergarten program that provides children with a nurturing environment and educational experiences to promote positive early childhood development. Parents may choose a UPK program in a public school or a community-based program. Talk to an ACS worker in your Job Center or call 311 for more information.

Out-of-School Time (OST) programs for youth offered by the Department of Youth and Community Development provide a mix of academic support, sports and recreational activities, arts and cultural experiences at no cost after school, on weekends and during school vacations. Talk to an ACS worker in your Job Center or call 311 for more information.

Informal/Legally-Exempt Providers

Informal care is often provided by relatives, neighbors and friends. Informal providers may care for no more than two unrelated children under age seven at the same time for three or more hours per day in the provider's home. Parents and informal providers must complete a checklist about the health and safety of the home. Background checks and inspections of the informal provider's home may be required. The City of New York will pay these providers if they are unrelated or related to the children – but not if they are the parents or guardians of the children or on the same public assistance case.

Family Day Care Networks

Networks provide referrals and support to groups of family day care providers. Networks are not regulated and affiliation with a network is not a requirement.

For more information call the Department of Health and Mental Hygiene's Family Day Care Registration Office at (212) 280-9251.

There Are Long-Lasting Benefits of Quality Early Childhood Education

Early Childhood Experiences and Brain Development

- ◆ Early experiences from birth to age five affect the development of the brain and lay the foundation for intelligence, social and emotional health.
- ◆ Research tells us that children, even in the earliest months, have an amazing ability to learn.
- ◆ Children who are nurtured and stimulated during the first years of life are more prepared for kindergarten.

Long-Lasting Benefits of Early Childhood Education

- ◆ Enhanced language development.
- ◆ Higher academic achievement in both reading and math.
- ◆ Completion of more years of education.
- ◆ More likely to attend college.

What To Consider When Looking for Child Care and Early Childhood Education Programs

- ◆ **A low child-to-teacher ratio** determines how much attention your child will get and is key to good care. The younger the child, the more individualized attention is needed.
- ◆ **Training in early childhood development** assures that staff understand how children grow and learn so they can be more effective teachers and caregivers.
- ◆ **Relationships** that are warm and sensitive help children develop a positive sense of self and encourage them to respect and cooperate with others.
- ◆ **Curriculum and materials** contribute to the quality of early childhood programs in helping children use their developing language, thinking and motor skills.
- ◆ **A safe and healthy environment.**
- ◆ **Backup and supplemental child care**
Don't forget – make sure to plan backup child care for times when your main child care provider is sick or on vacation and for school breaks and summer vacations. You may need a supplemental provider if you choose a part-day Head Start or UPK program.
- ◆ Are all children under adult supervision at all times?
- ◆ How many other children will be with the child care provider? How many adult staff are with each group?
- ◆ What training does the provider have in child development and early childhood education?
- ◆ How many years of experience in child care does the provider have?
- ◆ Is the provider warm and caring toward children?
- ◆ Does the provider respect each child?
- ◆ What will my child learn from this child care provider?
- ◆ Are there plenty of toys, books and learning materials that offer challenging activities?
- ◆ Does the child care facility look clean?
- ◆ What are the health and safety procedures and policies for handling emergencies?
- ◆ Does the provider have a valid license or certificate?

Important Telephone Numbers

ACS Division of Child Care and Head Start	311
Child and Adult Care Food Program (CACFP)	(212) 835-0163
Child Care Automated Phone System (CAPS)	(800) 692-0699
Child Care Resource and Referral Consortium (CCRRC)	(888) 469-5999
Department of Health and Mental Hygiene	311
Early Childhood Professional Development Institute	(646) 344-7355
Children With Special Needs	(212) 677-4650
Transitional Child Care	(212) 835-7681

HOJA INFORMATIVA DE PLANIFICACION DE CUIDADO INFANTIL ¡Usted Dispone de Muchas Opciones respecto a Cuidado Infantil!

ATENCIÓN INFANTIL REGULADA

Un proveedor de atención infantil regulado está licenciado o registrado por el Departamento de Salud e Higiene (DOHMH) y cumple con los códigos de salud, incendio y edificación. Los Trabajadores deben pasar **verificaciones** médicas, de carácter y antecedentes criminales.

Atención Infantil Familiar:

Hasta seis niños (8 en algunos casos) pueden ser atendidos en el hogar del proveedor. No más de dos niños por debajo de los dos años de edad – incluyendo los propios del proveedor – están permitidos.

Atención Infantil Familiar en Grupo:

Dos proveedores atendiendo hasta 12 niños (14 en algunos casos) en el hogar de uno de los proveedores.

Centros de Atención Infantil:

Profesores y otras personas capacitadas suministran atención infantil en un ambiente de clases.

Atención Infantil en Edad Escolar:

Muchos proveedores de atención diaria familiar y centros de atención diaria atienden a niños de hasta 13 años de edad. Existen también programas gratuitos, muchos están localizados en escuelas. Entre en contacto con un asistente de ACS en su centro de trabajo o llame al 311 para encontrar un programa de edad escolar en su área.

Centros de Atención Infantil ACS:

La División de Atención Infantil y Programa Head Start de la Administración de Servicios a la Niñez (Administration for Children's Services) contrata con centros y redes de atención infantil diurna de familia para suministrar atención infantil regulada. Cada programa tiene un componente educacional para promover la disponibilidad escolar. Los padres deben llamar al 311 para conseguir ayuda en localizar una vacante en un Centro de Atención Infantil de ACS.

¿Necesita ayuda para encontrar atención infantil en su área?

Los asistentes en su Centro Laboral pueden asistirlo a localizar atención infantil. Otros recursos incluyen: El Child Care Resource and Referral Consortium (CCRRC) en el (888) 469-5999.

Para Niños con Necesidades Especiales, llame al CCRRC o Resources for Children with Special Needs, Inc, al (212) 677-4650.

PROGRAMAS DE DESARROLLO INFANTIL

Head Start es un extenso programa de desarrollo infantil financiado federalmente que atiende a niños de tres a cinco años y sus familias. Head Start ofrece actividades y programas educacionales para preparar niños para la escuela y ayudarlos a tener éxito más tarde en sus vidas. Entre en contacto con un asistente de ACS en su Centro Laboral o llame al 311 para localizar un programa Head Start en su barrio.

Universal Pre-Kindergarten (Pre-Jardín de Infantes Universal) (UPK) es un extenso programa pre-jardín de infantes que brinda a los niños un ambiente de cuidado y protección y experiencias educacionales para promover el desarrollo positivo temprano de la niñez. Los padres pueden elegir un programa UPK en una escuela pública o un programa basado en la comunidad. Entre en contacto con un asistente de ACS en su Centro Laboral o llame al 311 para más información.

Tiempo Fuera de la Escuela (OST), son los programas ofrecidos por el Departamento de la Juventud y Desarrollo Comunitario brindando una mezcla de soporte académico, deportes y actividades recreativas, artes y experiencias culturales sin costo después de la escuela, los fines de semana y durante las vacaciones escolares. Entre en contacto con un asistente de ACS en su Centro Laboral o llame al 311 para más información.

PROVEEDORES INFORMALES / LEGALMENTE EXENTOS

La atención informal es a menudo suministrada por parientes, vecinos y amigos. Los proveedores informales pueden atender a no más de dos niños sin parentesco por debajo de los siete años de edad al mismo tiempo durante tres o más horas por día en el hogar del proveedor. Los padres y proveedores informales deben completar una lista de verificación acerca de la salud y seguridad del hogar. Verificaciones de fondo e inspecciones del hogar del proveedor informal son requeridas. La Ciudad de Nueva York pagará a estos proveedores sea que ellos tienen o no parentesco con los niños - aunque no puede pagar si ellos son los padres o tutores de niños en el mismo caso de asistencia pública.

REDES DE ATENCIÓN DIARIA DE FAMILIA

Las Redes brindan recomendaciones y soporte a grupos de proveedores de atención diurna de familia. Las redes no están reguladas y la afiliación a una red no es obligatoria.

Para más información llame la Oficina de Registro de Atención Diurna de Familia del Departamento de Salud e Higiene Mental al (212) 280-9251.

EXISTEN BENEFICIOS DE LARGA DURACIÓN DE LA EDUCACIÓN DE CALIDAD DE LA NIÑEZ TEMPRANA

Experiencias de Niñez Temprana y Desarrollo Cerebral

- ♦ Las experiencias tempranas desde el nacimiento hasta los cinco años de edad afectan el desarrollo del cerebro y fijan las bases para la salud emocional, social, y la inteligencia.
- ♦ La investigación nos dice que los niños, incluso en los meses más tempranos, tienen una sorprendente capacidad de aprendizaje.
- ♦ Los niños que son protegidos y atendidos y estimulados durante los primeros años de vida están más preparados para el jardín de infantes.

Beneficios de Larga Duración de Educación de Niñez Temprana

- ♦ Desarrollo aumentado del lenguaje.
- ♦ Logros académicos más altos en lectura y matemáticas.
- ♦ Más años de educación completados.
- ♦ Mayor probabilidad de asistir a la universidad.

QUÉ CONSIDERAR AL BUSCAR ATENCIÓN INFANTIL Y PROGRAMAS DE EDUCACIÓN DE LA NIÑEZ TEMPRANA

- ♦ **Un índice bajo de niño a profesor** determina cuánta atención su niño obtendrá y es clave para la buena atención. Cuando más joven es el niño, mayor atención individualizada es necesaria.
- ♦ **Capacitación en el desarrollo temprano de la niñez** asegura que el personal entiende cómo los niños crecen y aprenden de forma que ellos pueden ser profesores y cuidadores más eficaces.
- ♦ **Las relaciones** que son cálidas y sensibles ayudan a los niños a desarrollar un sentido positivo de sí mismos y los estimula a respetar y cooperar con otros.
- ♦ **Currículo y materiales** contribuyen a la calidad de programas de la niñez temprana ayudando a los niños en el desarrollo del lenguaje, el pensamiento y la capacidad motora.
- ♦ **Un ambiente saludable y seguro**
- ♦ **Respaldo y atención infantil suplementaria**
- ♦ No olvide – asegúrese de planificar atención infantil de respaldo para el momento en que su proveedor de atención infantil principal esté enfermo o de vacaciones y para recesos escolares y vacaciones de verano. Usted puede necesitar un proveedor extra si elige un programa UPK o Head Start de medio día.
- ♦ ¿Están los niños bajo supervisión adulta en todo momento?
- ♦ ¿Cuántos otros niños estarán con el proveedor de atención infantil? ¿Cuántos adultos del personal están con cada grupo?
- ♦ ¿Qué entrenamiento tiene el proveedor en desarrollo infantil y educación de la niñez temprana?
- ♦ ¿Cuántos años de experiencia en atención infantil tiene el proveedor?
- ♦ ¿Es el proveedor cálido y protector con los niños?
- ♦ ¿El proveedor es respetuoso con los niños?
- ♦ ¿Qué es lo que mi hijo(a) aprenderá con este proveedor de atención infantil?
- ♦ ¿Existen cantidades de juguetes, libros y materiales de aprendizaje ofreciendo actividades estimulantes?
- ♦ ¿El establecimiento de atención infantil se ve limpio?
- ♦ ¿Cuáles son los procedimientos de seguridad y salud, y las normas de manejo de emergencias?
- ♦ ¿Tiene el proveedor un certificado o licencia válidos?

NÚMEROS IMPORTANTES DE TELÉFONO

ACS Division of Child Care and Head Start (División de Atención Infantil y Programa Head Start de ACS)	311
Child and Adult Care Food Program (CACFP) (Programa Alimentario de Atención Infantil y Adultos)	(212) 835-0163
Child Care Automated Phone System (CAPS) (Sistema Telefónico Automatizado de Atención Infantil)	(800) 692-0699
Child Care Resource and Referral Consortium (CCRRC) (Recurso de Atención Infantil y Consorcio de Recomendación)	(888) 469-5999
Department of Health and Mental Hygiene (Departamento de Salud e Higiene Mental)	311
Early Childhood Professional Development Institute (Instituto de Desarrollo Profesional de la Niñez Temprana)	(646) 344-7355
Children With Special Needs (Niños con Necesidades Especiales)	(212) 677-4650
Transitional Child Care (Atención Infantil Transitoria)	(212) 835-7681

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT
FAMILY CHILD CARE AND LEGALLY-EXEMPT IN-HOME CHILD CARE**

Child Care providers who are not required by NYS law to be licensed or registered to operate a day care program use this form to enroll with a legally-exempt caregiver enrollment agency to provide subsidized child care.

Instructions: Please use black/blue pen.



- Provider: Complete the "Child Care Provider Section" of this form.
- Parent/caretaker: Complete the "Parent Information Section" of this form.
- The provider and parent/caretaker walk through and inspect the site, review sections of the form, then sign and date where indicated.
- Submit the completed form to the enrollment agency serving the location where the child care is being provided.

I. CHILD CARE PROVIDER SECTION

A. CHILD CARE PROVIDER AND PROGRAM

1. Child Care Provider Name:

Mr. Mrs. Ms.

_____ Last First MI Suffix

Other names known by: _____

Maiden, married, aliases, etc.

2. Identifying and Contact Information:

Enrollment Number: _____ Site Phone: () _____ Listed Unlisted
(If Applicable)

Date of Birth: / / _____ Home Phone: () _____ Listed Unlisted
(mm/dd/yyyy)

Gender (M or F): _____ Cell Phone: () _____

Social Security # ¹: _____ E-Mail Address²: _____ No E-Mail Address

3. Child Care Location: Give address where child care is provided.

House Number Street Apt.

Address Line 2 Floor

City State Zip County

4. Home Address: Is your home address the same as the child care location given above?

Yes. No. If No, give address below.

House Number Street Apt.

Address Line 2 Floor

City State Zip County

(For Enrollment Agency Use)	Received Date: _____	(For Local District Use)	<input type="checkbox"/> WMS
	Complete Date: _____		Parent's Case No.: _____ Type: <input type="checkbox"/> Local
			LSSD Office/Unit/Wkr. No.: / /

Reviewed 1/2013

¹ The social security number is **required** when the local social services district issues child care subsidy payments directly to a child care provider. Failure to provide the social security number may delay payment. The social security number of provider is **optional** when a local social services district issues child care subsidy checks to the subsidy recipient (parent/ caretaker). If the social security number is provided, it may be used by federal, State and local agencies for federal reporting, to prevent the duplication of services and to prevent fraud.

² The E-mail address if given may be used by the enrollment agency to contact you.

5. **Mailing Address:** Is your mailing address the same as the child care location or home address given above?
 Yes, same as child care location. **Yes**, same as home address.
 No. If No, give address below.

House Number	Street	Apt.
Address Line 2		Floor
City	State	Zip
County		

6. Were you previously enrolled as a legally-exempt child care provider?
 Yes. If **Yes**, give year enrolled, _____, and county where you resided, _____.
 No.

7. List below the Counties/Districts issuing subsidy payments for child care that you currently provide.

District: _____	Local ID/Vendor Number ³ if any: _____
District: _____	Local ID/Vendor Number, if any: _____
District: _____	Local ID/Vendor Number, if any: _____

8. Do you read English? **Yes**. **No**. If No, what language do you read best? _____.
9. Do you speak English? **Yes**. **No**. If No, what language do you speak best? _____.
10. Does any other person provide child care at the SAME location you intend to provide child care?
 Yes. Describe: _____
 No.

B. TYPE OF LEGALLY-EXEMPT CHILD CARE THAT YOU PROVIDE:

1. Choose the statement which describes the child care services you provide. Check A, B, or C. Provide additional information as indicated.

- A) **I am an "In-Home Child Care" Provider.** I provide care **in the child's home** and I care only for children **who live in the home**. (Provider and parent/caretaker: Please read the OCFS-LDSS-4699.2A, then complete and ATTACH the OCFS-LDSS-4699.2, Agreement For Legally-Exempt In-Home Child Care form.)
- B) **I am a "Family Child Care" Provider.** I provide care in my own home, or another person's home. I care for at least one child who **does not live in the home where care is given**. (Choose 1, 2, or 3 below, whichever describes your situation best.)
- 1) **Relative Care-** I am either the grandparent, great-grandparent, great-great-grandparent, aunt/uncle, great aunt/great uncle, brother/sister or first cousin of **ALL** the children in care; OR
- 2) I care for no more than 2 children (not counting my own children or any children older than 13 years); OR
- 3) I care for 3 or more children. However, I never have more than 2 children in care at the same time for more than three hours a day.
- C) **Other--**I provide care other than choices A or B above. **Explain:** _____

(You cannot be enrolled until you prove that you are legally-exempt from the licensing and registering requirements).

2. Are you less than 18 years of age?

- Yes.** You must comply with the NYS Department of Labor's requirements. Provide the documents listed below to show you meet the requirements. Check to show item is attached.
- No.**
- I have **ATTACHED** the OCFS-LDSS-4699.1, Employment of Minors Form (Rev. 2010).
- I have **ATTACHED** a copy of my *working papers* which are required if I am a minor providing **Family Child Care**. (Not required for "In-Home" child care providers.)

³ Provider/Vendor Number is an identifying number assigned and used by the local social services district to track the provider.

C. PEOPLE WHO MAY BE PRESENT AT CHILD CARE LOCATION

People who are present at the child care location when child care is provided and may have contact with child(ren) you care for must have background checks as required by NYS health and safety regulations. These checks apply to the following people:

- An employee-a person you hire to work at the child care location.
- A volunteer-a person who is sometimes at the child care location and who may have contact with the children you provide care for.
- For family child care, a household member-a person who lives in the home where care is provided.

NOTE: The *enrolled child care provider* is the person *authorized* to care for the subsidized child(ren). The enrolled child care provider must be present and supervising at all times. Employees, volunteers and household members **CANNOT** substitute for the provider in caring for the child(ren) and cannot be left alone with the child(ren).

1. Do you have any employees or volunteers, as described above?

No. **Yes.** *If yes, list all in Table 1, below and attach more sheets as necessary.*

TABLE 1-CHILD CARE PROVIDER'S VOLUNTEERS AND EMPLOYEES

NAME (INCLUDE AND SPECIFY MAIDEN NAME AND ANY OTHER ALIAS NAMES BY WHICH VOLUNTEERS AND EMPLOYEES MAY BE KNOWN)				ROLE: EMPLOYEE, OR VOLUNTEER	GENDER (M OR F)	DATE OF BIRTH
A)	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI Suffix			
B)	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI Suffix			
C)	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI Suffix			
D)	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI Suffix			
E)	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI Suffix			

2. Only *"Family Child Care"* providers must answer this following question:

Are there any adults, age 18 and older, (not including the child care provider) living in the residence where child care is given? This includes: family members, non-family members, renters sharing the home, apartment mates, adults placed in your care, and any other adult person who lives in the residence where child care is provided.

No.
 Yes. Identify in Table 2 below everyone who lives in the residence where care is provided. *Attach more sheets as necessary.*

TABLE 2-HOUSEHOLD MEMBERS AGE 18 AND OVER, LIVING AT CHILD CARE SITE

NAME (INCLUDE AND SPECIFY MAIDEN NAME AND ANY OTHER ALIAS NAMES BY WHICH HOUSEHOLD MEMBERS MAY BE KNOWN)				GENDER (M OR F)	DATE OF BIRTH
A)	_____	_____	_____	_____	____/____/____
	Last	First	MI Suffix		
B)	_____	_____	_____	_____	____/____/____
	Last	First	MI Suffix		
C)	_____	_____	_____	_____	____/____/____
	Last	First	MI Suffix		
D)	_____	_____	_____	_____	____/____/____
	Last	First	MI Suffix		
E)	_____	_____	_____	_____	____/____/____
	Last	First	MI Suffix		
F)	_____	_____	_____	_____	____/____/____
	Last	First	MI Suffix		

D. OTHER QUALIFICATIONS & PROGRAM CHARACTERISTICS

1. PROVIDER’S ELIGIBILITY FOR ENHANCED RATE BASED ON TRAINING

Have you completed in the **past 12 months**, 10 hours of training aimed at improving the quality of the care you provide?

- Yes.** If **Yes**, you may be eligible to receive an enhanced rate. **ATTACH** the OCFS-LDSS-4699.3- Legally-Exempt Child Care Provider Training Record and your training certificates.
- No.**

2. FEDERAL FOOD PROGRAM ASSISTANCE

The Child and Adult Care Food Program (CACFP) helps Family Child Care programs to pay for meals and snacks served to child(ren) in care. Are you currently participating in CACFP?

- A) **No.** If you want information about CACFP call: 1(800) 942-3858.
- B) **Yes.** If “yes”, provide information about your participation in CACFP and ATTACH proof of your participation dated within the past 12 months below:

- 1) Sponsor Agency Name: _____
- 2) Sponsoring Agency ID Number (if known): _____
- 3) Your CACFP Provider Number: _____
- 4) Agreement Number: _____

- 5) Proof of Participation: _____ Type of Proof: (Check below to show proof attached)
 - CACFP Claim Reimbursement Stub
 - CACFP Monitoring Checklist (DOH-4118)
 - CACFP Continuous Application and Agreement (DOH-3705)

Date on Proof: _____

3. AMOUNT YOU CHARGE

Do you charge parents receiving subsidy the same amount that you charge parents for non-subsidy child(ren) of the same age and similar care?

- A) **Yes.**
- B) **No.** If, **No** choose the statement below which describes the amount you charge.
 - 1) I charge parents receiving subsidy **less** than I charge other parents.
 - 2) I charge parents receiving subsidy **more** than I charge other parents.

4. ADMINISTRATION OF MEDICATION

NYS Law restricts the right to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to specific medical professionals who are authorized by NYS to administer medication. Some individuals are exempt from this requirement based on their relationship to the child, family, or household and are permitted to administer medications, including:

- The child’s parent/caretaker, step-parent, legal custodian, legal guardian, or member of the child’s household,
- A child care provider employed by the parent/caretaker to provide child care in the child’s home,
- Family members who are related within the 3rd degree of consanguinity to the child’s parent or step parent. This includes the child’s grandparent, great-grandparent, great-great grandparent, aunt/uncle (and spouse), great aunt/uncle (and spouse), first cousin (and spouse), and brother /sister.
- Child care providers who are trained and authorized by the Office of Children and Family Services (OCFS) under the Health Care Plan for Administration of Medication, approved by a qualified health care consultant, and who are:
 - Operating in compliance with the NYS regulation which includes receiving training on medication administration,
 - Authorized by the child’s parent/caretaker, step parent, legal guardian, or legal custodian to administer medication, and
 - Administering medication to subsidized children in care.

To receive OCFS authorization to administer medication, a child care provider must be at least 18 years of age and literate in the language in which the parental permissions and health care provider’s instructions will be given. Any person who is NOT AUTHORIZED by NYS Law or NOT EXEMPT from this legal requirement, may ONLY administer over-the-counter topical ointments, sunscreen and topical insect repellent. Examples of medication they MAY NOT ADMINISTER include, but are not limited to: Tylenol, Ritalin, insulin, antibiotics, and ear, eye, or nose drops.

A) Are you, your employees or volunteers LEGALLY PERMITTED to administer medication to child(ren) in subsidized care?

Check all statements that apply to you. Provide all other information as it applies.

1) **Yes.** I am RELATED within the 3rd degree by blood or marriage to the child(ren)'s parent or step-parent. Therefore, I am allowed to administer medication to the child(ren) following the health care provider's instructions and when I have appropriate permission from the parent.

- I am grandparent of: _____
- I am great-grandparent of: _____
- I am great-great-grandparent of: _____
- I am aunt/uncle of (includes spouse) of: _____
- I am great aunt/great uncle (includes spouse) of: _____
- I am first cousin (includes spouse) of: _____
- I am brother/sister of: _____

2) **Yes.** I am PROVIDING CARE IN THE HOME of the following child(ren): _____. Therefore, I am PERMITTED to administer medication to these children when I have appropriate permission from the parent and I am following the health care provider's instructions.

3) **Yes.** I am a NYS medical professional AUTHORIZED BY NYS DEPARTMENT OF EDUCATION (NYSED) to administer medication. Therefore, I am allowed to administer medication to child(ren) in my care when there are appropriate permissions from the parent and when following the health care provider's instructions.

a) My profession is (check one):

- Registered Nurse
- Nurse Practitioner
- Physician
- Physician Assistant

b) License number: _____

I have attached a copy of my current NYS professional medical license. (Required).

4) **Yes.** I HAVE a Health Care Plan for the Administration of Medication (OCFS-LDSS-7000) approved within the past 2 years. Therefore, the qualified medications administrant named below is AUTHORIZED BY OCFS to administer medication to subsidized children in my care according to the health care provider's instructions and when there are appropriate permissions from the parent.

a) Plan approval date: _____

I have attached a copy of the **first page AND the approval page** of my Health Care Plan for the Administration of Medication (OCFS-LDSS-7000).

b) Name of the qualified Medications Administrant: _____.

c) Health Care Consultant (HCC) name: _____.

d) Health Care Consultant Profession (check one):

- Registered Nurse
- Nurse Practitioner
- Physician
- Physician Assistant

e) License Number: _____.

5) **No.** None of the above permissions apply to me. I am not authorized by OCFS or NYSED. I understand I **cannot administer** medication to the child(ren) in care, except: *Over-the-counter topical ointments, sunscreen, and topically applied insect repellent.*

B) Are you interested in seeking authorization to administer medication to child(ren) in subsidized care?

Yes. I want to learn how to start the process. Please send me the OCFS-LDSS-7007, Obtaining Authorization to Administer Medication to Children in Legally-Exempt Care.

No. I will not be seeking authorization to administer medication at this time.

C) I agree I will administer medication in compliance with NYS Law and only to the extent that I am permitted by NYS Law which I have indicated by my choice on this page above.

Yes. **No.**

D) If I have employees or volunteers, I will make sure that each of my employees and volunteers administers medication in compliance with NYS Law and only to the extent permitted by NYS Law.

Yes. **No.**

5. HOURS OF OPERATION

What hours do you generally provide care? Check all that apply.


- Mornings Afternoons Evenings Overnight Back-Up Only
 Before School After School
 Weekends Saturday Sunday
 Weekdays Monday Tuesday Wednesday Thursday Friday

E. VERIFICATION OF LEGALLY EXEMPT STATUS


1. CHILD CARE SCHEDULES

- A) For each **subsidized child** you provide child care for or plan to provide care for, provide ALL the requested information.
- B) For each **non-subsidized child** provide the same information, *except DO NOT provide the Child's LAST name.*

CHILD INFORMATION AND CHILD CARE SCHEDULES

	CHILD NAME:			CHILD NAME:			CHILD NAME:		
	CHILD AGE:			CHILD AGE:			CHILD AGE:		
	PARENT NAME:			PARENT NAME:			PARENT NAME:		
	PROVIDER'S RELATIONSHIP TO THE CHILD:			PROVIDER'S RELATIONSHIP TO THE CHILD:			PROVIDER'S RELATIONSHIP TO THE CHILD:		
	SUBSIDY CASE? <input type="checkbox"/> Yes <input type="checkbox"/> No			SUBSIDY CASE? <input type="checkbox"/> Yes <input type="checkbox"/> No			SUBSIDY CASE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	SCHEDULE OF CHILD CARE			SCHEDULE OF CHILD CARE			SCHEDULE OF CHILD CARE		
	DROP OFF	PICK UP	HRS / DAY	DROP OFF	PICK UP	HRS / DAY	DROP OFF	PICK UP	HRS / DAY
	MONDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM
	TUESDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM
	WEDNESDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM
THURSDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
FRIDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
SATURDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
SUNDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
TOTAL HOURS PER WEEK			TOTAL HOURS PER WEEK			TOTAL HOURS/ PER WEEK			

CHILD INFORMATION AND CHILD CARE SCHEDULES

	CHILD NAME:			CHILD NAME:			CHILD NAME:		
	CHILD AGE:			CHILD AGE:			CHILD AGE:		
	PARENT NAME:			PARENT NAME:			PARENT NAME:		
	PROVIDER'S RELATIONSHIP TO THE CHILD:			PROVIDER'S RELATIONSHIP TO THE CHILD:			PROVIDER'S RELATIONSHIP TO THE CHILD:		
	SUBSIDY CASE? <input type="checkbox"/> Yes <input type="checkbox"/> No			SUBSIDY CASE? <input type="checkbox"/> Yes <input type="checkbox"/> No			SUBSIDY CASE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	SCHEDULE OF CHILD CARE			SCHEDULE OF CHILD CARE			SCHEDULE OF CHILD CARE		
	DROP OFF	PICK UP	HRS / DAY	DROP OFF	PICK UP	HRS / DAY	DROP OFF	PICK UP	HRS / DAY
	MONDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM
	TUESDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM
	WEDNESDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM
THURSDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
FRIDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
SATURDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
SUNDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
TOTAL HOURS PER WEEK			TOTAL HOURS PER WEEK			TOTAL HOURS/ PER WEEK			

2. CHILD(REN) IN THE PROVIDER’S CARE

A) How many of **your own** child(ren) do you care for at this child care location during child care hours? Give numbers below. Do not leave spaces blank. Write “zero,” if applicable.

- 1) Age newborn through 4 years: _____.
- 2) Age 5 through 12 years old: _____.

B) Are you caring for any children, *other than your own*, who are **NOT** receiving child care subsidy funds?

- 1) **Yes.** If yes, indicate the number of non-subsidized children, other than your own, below.
 - a) Number of relative non-subsidized children: _____.
 - b) Number of non-relative non-subsidized children: _____.

Note: All non-subsidized children in care MUST be listed on the preceding schedule page.

2) **No.**

C) Have you started providing child care for all of the children whose schedules you listed above?

- 1) **Yes.**
- 2) **No.** If No, when care will begin? _____

NOTE: Any changes in the number of children you care for, the hours you provide care and the location where you provide care may affect your eligibility as a legally-exempt child care provider and/or require that you become licensed or registered to operate a day care program. Such changes must be reported to the enrollment agency immediately.

F. HEALTH AND SAFETY CHECKLIST

The provider and parent/caretaker inspect the child care location and complete this section together.

I meet and agree to continue to meet the basic health and safety requirements listed below.

Check an answer for each item below.

YES	NO	The provider meets the following basic health and safety requirements before caring for children:
<input type="checkbox"/>	<input type="checkbox"/>	1. The provider and all children have two separate & remote ways to leave the building in an emergency.
<input type="checkbox"/>	<input type="checkbox"/>	2. The rooms for children at my child care location are well-heated, well-lighted and well-ventilated.
<input type="checkbox"/>	<input type="checkbox"/>	3. My child care location is free of unsafe areas (such as swimming pools, open drainage ditches, wells, holes, wood or coal burning stoves, fireplaces, and gas space heaters). If there are unsafe areas, sturdy barriers are in place around the areas that keep the child(ren) from getting to them.
<input type="checkbox"/>	<input type="checkbox"/>	4. If child care is provided above the first floor, there are barriers or locks on the windows so the child(ren) cannot fall out.
<input type="checkbox"/>	<input type="checkbox"/>	5. The water supply at my child care location is safe. I have working toilets. There is hot and cold running water all the time.
<input type="checkbox"/>	<input type="checkbox"/>	6. I, all employees, and volunteers who are likely to have regular contact with the child(ren) are physically, emotionally and mentally able to provide child care.
<input type="checkbox"/>	<input type="checkbox"/>	7. I, all employees, and volunteers who are likely to have regular contact with the child(ren) are free from any communicable diseases that pose a risk to the health and safety of the child(ren) in care. If I, any employee, or volunteer who is likely to have regular contact with the child(ren) has a communicable disease, I must have a statement from such person’s health care provider that indicates that the presence of a communicable disease does not pose a risk to the health and safety of the child(ren) in care. <input type="checkbox"/> I have ATTACHED a doctor’s statement, if I, any employee or volunteer who is likely to have regular contact with the child(ren) has a communicable disease and that such disease does not pose a risk to the health and safety of the child(ren) in care.

<input type="checkbox"/>	<input type="checkbox"/>	<p>8. My child care location is free of any dangerous or unsafe conditions that could hurt a child(ren). This includes but is not limited to:</p> <ul style="list-style-type: none"> • Knives and other sharp objects are out of the reach of child(ren). • Small rugs, runners, and electrical cords are held in place so a child won't trip. • Electrical cords do not run under furniture or rugs and are out of the reach of small children. • Extension cords are not overloaded. • Any guns and other firearms are unloaded and stored in a locked drawer or cabinet and the key is kept in a safe place. Ammunition is locked separately. • Cords to window blinds and shades are out of the reach of child(ren). • Hot liquids are out of the reach of children. • Small items that the child(ren) could choke on are out of the child(ren)'s reach. • Carbon monoxide detectors are installed where the child(ren) that I provide care for sleep or nap and on each story of the home where care is provided where a carbon monoxide source is located.
<input type="checkbox"/>	<input type="checkbox"/>	<p>9. All matches, lighters, medicines, drugs, cleaning materials, detergents, aerosol cans, and other poisonous or toxic materials are stored in their original containers. Care is taken so that they do not come in contact with child(ren), where food is prepared, or otherwise may be a danger to the child(ren). I store all of these materials safely away from the child(ren).</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>10. I will give each child(ren) meals and snacks according to what the parent/caretaker and I have agreed.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>11. I will refrigerate milk, formula and any other food that goes bad if not refrigerated.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>12. I agree not to heat formula, breast milk and other food items for infants in a microwave oven.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>13. I will always allow the custodial parent/caretaker or caretaker to have unlimited access to his/her child(ren) in care, to the program site while the child(ren) is in care, and to any written records concerning the child(ren).</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>14. I will hold fire/evacuation drills monthly with child(ren) during hours that the child(ren) are in care so that the child(ren) and I will know what to do in the case of an emergency.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>15. I have a working telephone OR can get to one very quickly in an emergency. Emergency telephone numbers for the fire department, local or State police or sheriff's department, poison control center and ambulance service are posted near the phone and are easy to see.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>16. I will use protective caps, covers or permanently installed safety devices on all electrical outlets that a child(ren) could reach when I am caring for a child(ren) under 5 years old.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>17. Paint and plaster are in good repair so that there is no danger of a child(ren) putting paint or plaster chips in their mouths or of it getting into food.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>18. I have at least one operating smoke detector on each floor of my child care location. I will check regularly to make sure all detectors work.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>19. I have a portable first aid kit at my child care location that is easy to get to in an emergency and my first aid supplies are kept in a clean container or cabinet away from child(ren). It is stocked to treat common childhood injuries and problems. I will always replace things in the first aid kit as soon as possible after something has been used or is too old to be used.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>20. I have RECEIVED from the child(ren)'s parent/caretaker:</p> <ul style="list-style-type: none"> • Signed proof from a doctor or other health care provider that: the child(ren) has received all of the immunizations appropriate for the child(ren)'s age; OR • Proof that one or more of the immunizations would harm the child(ren)'s health; OR • A statement saying that the child(ren) has not been immunized due to the parent/caretaker's religious beliefs.
<input type="checkbox"/>	<input type="checkbox"/>	<p>21. The stairs, railings, porches and balconies are in good repair.</p>

Only **Family Child Care** providers must answer question *number 22* below.

YES	NO	The provider meets the following basic health and safety requirements before caring for the child(ren):
<input type="checkbox"/>	<input type="checkbox"/>	<p>22. All persons living in the home where care is given are free of any communicable diseases. If any person living in the home <u>does have</u> a communicable disease, I must have a statement from the person's health care provider that indicates that the presence of a communicable disease does not pose a risk to the health and safety of the child(ren) in care.</p> <p><input type="checkbox"/> I have attached a doctor's statement, if any person living in home has a communicable disease and that such disease does not pose a risk to the health and safety of the child(ren) in care.</p>

G. PROVIDER BEHAVIORAL CONDITIONS

All child care providers must answer the questions below.

YES	NO	The provider meets and agrees to continue to meet the following basic health and safety requirements before caring for the child(ren):
<input type="checkbox"/>	<input type="checkbox"/>	1. I understand and agree that I will never use physical punishment or let others use physical punishment while child(ren) are in my care. Physical punishment means doing things directly to a child(ren)'s body to punish child, such as: <ul style="list-style-type: none"> • Spanking, biting, slapping, shaking, twisting, or squeezing; • Making the child(ren) do physical exercises beyond what is normal; • Forcing the child(ren) to stay still for long periods of time; • Making the child(ren) stay in positions that hurt the child or are bizarre; • Bathing the child(ren) in unusually hot or cold water; and • Forcing child(ren) to eat or have in child(ren)'s mouth soap, foods, hot spices or foreign substances.
<input type="checkbox"/>	<input type="checkbox"/>	2. I understand and agree that I will never use or be under the influence of alcohol or drugs while children are in care and will make sure that child(ren) being cared for do not have contact with people using drugs or alcohol.
<input type="checkbox"/>	<input type="checkbox"/>	3. I understand and agree that I will not smoke or allow smoking in indoor areas or other enclosed areas, such as cars or other vehicles, when child(ren) are present.
<input type="checkbox"/>	<input type="checkbox"/>	4. I understand and agree that I will never leave child(ren) alone or unsupervised.
<input type="checkbox"/>	<input type="checkbox"/>	5. I understand and agree that I will ALWAYS be present when the child(ren) are in the care of employees, volunteers and if care is provided in a home other than the child's home, household members.

H. RELEVANT HISTORY-PEOPLE AT THE CHILD CARE LOCATION

1. PROVIDER ONLY

A) PROVIDER TERMINATION OF PARENTAL RIGHTS

I certify and attest that (*check one*):

- 1) I have **never had** my parental rights terminated under Social Services Law 384-b or equivalent legal authority.
- 2) I **have had** my parental rights terminated under Social Services Law 384-b or equivalent legal authority.
 - I have **ATTACHED** the OCFS-LDSS-4917, History of Termination of Parental Rights and/or Court Ordered Article 10-Removal of a Child and Parental Acknowledgement form⁴.

B) PROVIDER COURT ORDERED ARTICLE 10 REMOVAL

I certify and attest that (*check one*):

- 1) I have **never had** a child(ren) removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act.
- 2) I **have had** a child(ren) removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act.
 - I have **ATTACHED** the OCFS-LDSS-4917, History of Termination of Parental Rights and/or Court Ordered Article 10-Removal of a Child and Parental Acknowledgement form⁴.

C) PROVIDER DAY CARE ENFORCEMENT

Note: A child "day care" program includes licensed or registered day care centers, family day care homes, group family day care homes, small day care centers and/or school age child care programs.

- 1) I certify and attest that (*check one*):
 - I **have had** an application for a license or registration to operate a child day care program denied.
 - I **have not had** an application for a license or registration to operate a child day care program denied.
- 2) I certify and attest that (*check one*):
 - I **have had** a license or registration to operate a child day care program revoked or suspended.
 - I **have not had** a license or registration to operate a child day care program revoked or suspended.
- 3) If you have **been denied** a license or registration to operate a child day care program, **or** if you have had a license or registration to operate a child day care program **revoked or suspended**, complete the following:
 - a) **Program Name and Location:** _____

⁴ If you need a copy of this form, please contact your local social services district or your legally-exempt caregiver enrollment agency.

- b) I have **ATTACHED** the OCFS-LDSS-4916, History of Day Care Enforcement and Parental Acknowledgement⁴.

2. PROVIDER, EMPLOYEES, VOLUNTEERS, AND HOUSEHOLD MEMBERS

A) CRIMINAL HISTORY

- 1) I have listed on subsection I. C of this form: ALL employees, volunteers, and if I provide care in a home other than the child's home, all of the household members, 18 years of age or older who are likely to have regular contact with the child(ren) in care.
- Yes.**
 No.
- 2) If I provide care in a home other than the child(ren)'s home, I also have listed all household members on subsection I. C of this form.
- 3) I certify that I have asked the following people if they **have been convicted of a crime**:
- Each person living in the home (other than the child(ren)'s own home) who is age 18 or over,
 - Each volunteer who is likely to have regular contact with child(ren) in care, and
 - Each employee.
- Yes.**
 No.
- 4) Have you, your employee, or your volunteer ever **been convicted of a crime** in New York State or any other place?
- Yes.** Give name(s) of person(s) convicted _____.
- I have **ATTACHED** a completed OCFS-LDSS-4915, History of Criminal Convictions and Parental Acknowledgement for each person with a criminal history.
- No.**
- 5) For provider type of Family Child Care only: has any person living in the home where care is given and who is 18 years of age or older been convicted of a crime in New York State or any other place?
- Yes.** Give name(s) of person(s) convicted: _____.
- I have **ATTACHED** a completed OCFS-LDSS-4915, History of Criminal Convictions and Parental Acknowledgement for each household member with a criminal history.
- No.**

B) INDICATED REPORTS OF CHILD ABUSE AND MALTREATMENT

I have asked ALL employees, volunteers, and individuals who may be helping to care for or who have regular contact with the child(ren), and, if I provide care in a home other than the child(ren)'s home, all household members 18 years of age or older, if they have been the subject of an indicated report of child abuse or maltreatment. I have informed the parent/caretaker whether I or any of these individuals have been the subject of any indicated reports of child abuse or maltreatment. When an indication of child abuse or maltreatment exists, I have given the parent/caretaker, in writing, true and accurate information, including:

- a description of the incident(s), and
- the date of the indication(s), and
- any other relevant information regarding the indication(s).

- Yes.**
 No.

I. PROVIDER AGREEMENTS AND CERTIFICATIONS

1. SUBMITTING UPDATES AND CHANGES OF ENROLLMENT INFORMATION

- ✘ I will immediately submit a new enrollment form to the enrollment agency if I start providing child care at a child care location different from the one given on this form.
- ✘ I will inform the enrollment agency immediately if there are changes in:
- my contact information,
 - the child(ren) I care for, or, the hours that I provide care,
 - the people who have contact with the child(ren) in my care,
 - any information provided on the enrollment form or changes to the attachments.
- ✘ I will inform the enrollment agency immediately when:
- Any person 18 years or older moves into the household where "Family Child Care" is provided or stays there for more than a few days (**Family Child Care** only).

- Any child(ren) living in the household where “Family Child Care” is provided, turns 18. (**Family Child Care only**)
- I hire or receive help caring for the child(ren).

2. HEALTH AND SAFETY REQUIREMENTS

- ✘ I understand that I cannot be enrolled and payment cannot be made until all items marked “No” on the Health and Safety Checklist and Provider Behavioral Conditions Checklist have been corrected.
- ✘ I will continue to meet all the basic health and safety requirements listed on the checklists and
 - The parent/caretaker and I have inspected the home and completed the Health and Safety Checklist and Provider Behavioral Conditions Checklists together.
 - I will notify and provide documentation to the enrollment agency when any item on the checklists has been corrected or changed.

3. INFORMATION SHARING AND DATABASE CHECKS

- ✘ I authorize the enrollment agency and the Child and Adult Care Food Program (CACFP) to exchange information regarding my child care enrollment status and my participation in the CACFP.
- ✘ I understand the enrollment agency and the local social services district will exchange information regarding my child care enrollment status.
- ✘ I understand that the local social services district will check its child welfare database for my history of any court ordered removal of a child under Family Court Act (FCA) Article 10 and any termination of parental rights.
- ✘ I understand that the enrollment agency will check the New York State Sex Offender Registry to determine if I, any volunteer who is likely to have regular contact with child(ren) in care, any employee, and for the legally-exempt **family** child care provider, any person living in the home where child care is provided, age 18 years or older is listed on the Sex Offender Registry.
- ✘ I understand that the enrollment agency will check the New York State Child Care Facility System to determine whether I have ever been denied a child day care license or registration or had a child day care license or registration suspended or revoked.

4. ELIGIBILITY AND PAYMENT

- ✘ I understand I cannot be paid as a legally-exempt child care provider if I am the child(ren)’s parent, stepparent, adoptive parent, legal guardian or other person legally responsible for that child(ren), or, if I live in the same household and have a child(ren) in common with the parent.
- ✘ I agree to collect the family share (fee) if instructed to do so by the local social services district. I will immediately notify the local social services district if the parent/caretaker fails to pay the required family share.
- ✘ I agree to provide accurate attendance records in a timely manner, as required by the local social services district.
- ✘ I understand that I will not be paid by the local social services district for any child care that I provide to a child(ren) receiving a child care subsidy while I am deemed an ineligible provider by the enrollment agency.
- ✘ I understand that I must be enrolled with the enrollment agency before any payment may be made.
- ✘ I understand that I may not be eligible to provide child care AND that the local social services district may not be able to pay me when:
 - I have a history of Article 10 (child protective) removal of a child by family court order, or
 - I have a history of termination of parental rights, or
 - I have a history of denial, revocation and/or suspension of a license or registration to operate a child day care program or
 - I, any volunteer who is likely to have regular contact with the child(ren), any employee, or, for family child care, any person age 18 years or older living in the home has been convicted of a crime.
- ✘ I understand I am not eligible to provide child care if I, any volunteer who is likely to have regular contact with the child(ren), any employee, or person living in the home (other than the child(ren)’s home) age 18 years or older has been convicted of a crime against a child or is listed on the Sex Offender Registry.
- ✘ I understand that if the enrollment agency determines I cannot be enrolled, then the local social services district cannot issue payment for care that I have provided. The parent/caretaker has the right and responsibility to decide whether he/she wants to use my child care services. If the parent/caretaker chooses to use my child care services when I cannot be enrolled, the parent/caretaker is responsible to pay me for the child care.

5. OTHER AGREEMENTS

- ✘ I understand and agree to allow representatives of the enrollment agency, the local social services district and the State of New York access to the premises where subsidized child care is provided to confirm that information on my enrollment form and/or on attendance forms is true and accurate and that child care services are being provided as listed on these forms. I understand that if I do not allow such access, then I will be considered an ineligible provider, my enrollment will be terminated and I will not be paid by the local social services district.
- ✘ I understand that if I am denied enrollment I may request that the enrollment agency review any extenuating circumstances to determine if an exception could be made to allow me to provide child care. If I request an exception, I must provide all documents or references required by the enrollment agency.
- ✘ I understand and agree to meet all of the conditions stated on this form for as long as I am providing child care. I understand that I am required to inform the enrollment agency and the parent/caretaker if there is a change in the information stated on the enrollment form.

6. PROVIDER CERTIFICATION

By signing this form I certify to the best of my knowledge that:

- I understand and agree to continue to meet all of the conditions stated above.
- I have reviewed the "Parent Information Section" of this form.
- I understand the decision to enroll me is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of my eligibility to provide subsidized child care, and/or a denial or termination of enrollment. If I provide child care services while enrolled under false pretenses, or while I am an ineligible child care provider, the Local Social Services District may refuse to issue child care subsidy payments, terminate child care subsidy payments, take legal action against me or the parent/caretaker and I may be required to repay any money I receive for such services.
- Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PROVIDER SIGNATURE: X	DATE:
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NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT FAMILY
CHILD CARE AND LEGALLY-EXEMPT IN-HOME CHILD CARE**

II. PARENT INFORMATION SECTION

The parent/caretaker receiving or applying for child care subsidy must complete this section AND review the "Child Care Provider" Section.



A. PARENT/CARETAKER⁵ INFORMATION

1. Parent/Caretaker's Name:

Mr. Mrs. Ms.

_____ Last First MI Suffix

Other names known by: _____

Maiden, married, aliases, etc.

2. Identifying and Contact Information:

Date of Birth: ____/____/____ Home Phone: (____) _____ Listed Unlisted
(mm/dd/yyyy)

Work Phone: (____) _____ Cell Phone:(____) _____

E-Mail Address⁶: _____ No E-Mail Address

3. Do you read English? Yes. No. If No, what languages do you read best? _____.

4. Do you speak English? Yes. No. If No, what languages do you speak best? _____.

5. Is the child care provided in your home? Yes. No.

6. Give your home address below

Home Address:

House Number Street Apt.

Address Line 2 Floor

City State Zip County/Borough

7. **Mailing Address:** Is your mailing address the same as your home address? Yes. No.
If your mailing address is different from your home address please give your mailing address below.

House Number Street Apt.

Address Line 2 Floor

City State Zip

8. Provide information about your Child Care Subsidy case:

Subsidy Paying County: _____ Temporary Assistance No.⁷: _____

Subsidy Case Number⁷: _____ Parent's CIN Number⁷: _____

Reviewed 1/2013

⁵ Caretaker means the child's parent, legal guardian, caretaker relative or any other person with whom a child lives who has assumed responsibility for the day-to-day care and custody of the child.

⁶ The e-mail address if given may be used by the enrollment agency to contact you.

⁷ The temporary assistance number, subsidy case number and parent's CIN (client identification number) are optional. If provided, they will be used to facilitate information sharing with the local social services district regarding your eligibility and payment for child care.

B. YOUR CHILD(REN) IN THE PROVIDER'S CARE

1. LIST YOUR CHILD(REN) THAT THE PROVIDER CARES FOR

Add additional sheets if necessary.

A) Child's Name: _____ Date of Birth: ____ / ____ / ____
Last First (mm/dd/yyyy)

Provider's Relationship to Child: _____ Child's CIN⁸: _____

B) Child's Name: _____ Date of Birth: ____ / ____ / ____
Last First (mm/dd/yyyy)

Provider's Relationship to Child: _____ Child's CIN: _____

C) Child's Name: _____ Date of Birth: ____ / ____ / ____
Last First (mm/dd/yyyy)

Provider's Relationship to Child: _____ Child's CIN: _____

D) Child's Name: _____ Date of Birth: ____ / ____ / ____
Last First (mm/dd/yyyy)

Provider's Relationship to Child: _____ Child's CIN: _____

2. MY CHILD(REN)'S MEDICATION NEEDS

I understand that child care providers **cannot** administer medication to the child(ren) except as follows:

- Any child care provider may administer only over-the-counter topical ointments, insect repellent, and sunscreen with the parent's permission.
- When the child care provider provides care in the child(ren)'s home, the provider may administer over-the-counter medicine and prescription medication with the permission of the parent and following physician's instructions.
- When the child care provider is related to the child(ren)'s parent or stepparent within the 3rd degree of consanguinity (blood or marriage), the provider may administer over-the-counter medicine and prescription medication with the permission of the parent and following physician's instructions. The child care provider must have one of the following relationships to be considered a relative within the 3rd degree.
 - the child's grandparent,
 - the child's great-grandparent,
 - the child's great-aunt/great uncle (and spouse),
 - the child's brother/sister
 - the child's first cousin (and spouse),
 - the child's great-grandparent,
 - the child's aunt/uncle (and spouse),
- When the child care provider is a licensed physician, physician's assistant, registered nurse, or nurse practitioner, the provider can administer prescription and over-the-counter medication to subsidized child(ren) with the parent's permission parent and following physician's instructions.
- When the child care program is authorized by OCFS and following a Health Care Plan for the Administration of Medication, the medications administrant designated in the Health Care Plan for the Administration of Medication may administer over-the-counter medication and some prescription medication to subsidized child(ren) with the permission of the parent and following physician's instructions.

Reviewed 1/2013

⁸ Client Identification Number (CIN) is optional, if given, it will be used to facilitate information sharing with the local social services district regarding your eligibility and payment for child care.

I have read the "Provider's Qualifications to Administer Medication" in Provider Section I, and "My Child(ren)'s Medication Needs", above, and I understand the extent to which my child care provider is legally permitted to administer medication to my child(ren). My child care provider and I have agreed that:

- The parent will be responsible for the medication needs of the following child(ren):
_____.
- The provider will be responsible for the medication needs of the following child(ren):
_____.

3. MY CHILD(REN)'S MEALS AND SNACKS

For each child(ren) listed on the preceding page, either the parent or the provider must provide meals and snacks. Who will provide meals and snacks for your child(ren) while in care?

- The parent will be responsible for the meals and snacks for the following child(ren):
_____.
- The provider will be responsible for the meals and snacks for the following child(ren):
_____.

C. RELEVANT HISTORY OF PROVIDER AND PEOPLE AT THE CHILD CARE LOCATION

1. I understand the child care provider must tell me whether the following people, who may be in contact with my child(ren), have been the subject of an indicated report of child abuse or maltreatment:
 - the provider,
 - volunteers who are likely to have regular contact with child(ren) in care,
 - employees, and
 - if care is not provided in my home, persons living in the home age 18 years or older.

Yes.
 No.
- I have specifically asked the provider if the provider, volunteers who are likely to have regular contact with child(ren) in care, employees, and if care is provided in the provider's home, persons living in the home age 18 years or over, have been the subject of an indicated report of child abuse or maltreatment.
- The provider has informed me whether any indicated reports of child abuse or maltreatment exist, who was the subject of the report: the provider, employees, volunteers who are likely to have regular contact with child(ren) in care, and, if care is provided in the provider's home, persons living in the home age 18 years or over.
- When an indication of child abuse or maltreatment exists, the provider has given me written information regarding such indication of child abuse or maltreatment. I understand I have the right to select another provider. I agree that I have carefully considered the information on child abuse and maltreatment indications that I have been given and I am selecting this provider.
 Yes.
 No.

D. PARENTAL ACKNOWLEDGEMENTS AND AGREEMENTS

1. PARENT RESPONSIBILITIES TO MONITOR QUALITY OF CARE

- ✘ I certify that I have selected this provider to care for my child(ren).
- ✘ I have reviewed each item on the Health and Safety Checklist and the Provider Behavioral Conditions Checklist with the provider, located in the Child Care Provider Section, and all information on the checklist is true and accurate.
- ✘ I understand it is my responsibility to monitor the quality of care my child(ren) receives from the child care provider.
- ✘ I understand that these agreements apply for as long as this provider is caring for my child(ren).

2. CHANGES TO ENROLLMENT INFORMATION

- ✘ I will notify the enrollment agency immediately if:
 - My address or phone number changes
 - I have any concerns about the health and safety of my child(ren) in the provider's care.

3. ELIGIBILITY AND PAYMENT ISSUES

- ✘ I will immediately notify the local social services district and my provider if the hours that I need child care or other circumstances related to my need or eligibility for child care change.
- ✘ I agree to pay my family share (fee), if any, as directed by the local social services district.
- ✘ I understand a child care provider who is the child(ren)'s parent, stepparent, adoptive parent, legal guardian or other person legally responsible for that child(ren) or who lives in my same household and has a child(ren) in common with me cannot be paid.
- ✘ I understand that the provider must be accepted for enrollment with the enrollment agency before any payment can be made.
- ✘ I understand a provider is not eligible to provide child care if the provider, any volunteer who is likely to have regular contact with my child(ren), any employee, or, for family child care, any person 18 years or older who is living in the home where child care is provided:
 - Has been convicted of a crime against a child(ren) or
 - Is listed on the Sex Offender Registry.
- ✘ I understand that my provider may not be eligible to provide child care and that the local social services district may not be able to pay the provider when:
 - The provider has a history of termination of parental rights, or
 - The provider has a history of Article 10 (child protective) removal of a child(ren) by family court order, or
 - The provider had a license or registration to operate a child day care program denied, revoked and/or suspended, or
 - The provider, any volunteer who is likely to have regular contact with my child(ren), any employee, or, for family child care, any person 18 years or older who is living in the home where child care is provided, has been convicted of a crime.
- ✘ I understand that if the provider is denied enrollment or has his or her enrollment terminated, the provider will be considered ineligible to provide child care.
- ✘ The local social services district cannot pay the provider or issue payment for care given by a provider who cannot be enrolled or who is ineligible. If I choose to use an ineligible provider, I am responsible to pay for the child care myself. I understand I have the right to select another provider.

4. HEALTH AND SAFETY REQUIREMENTS

- ✘ I understand that payment cannot be made until all items marked "No" on the Health and Safety Checklist and Provider Behavioral Conditions Checklist have been corrected.
- ✘ I understand that the provider must continue to meet all the basic health and safety requirements and behavioral conditions listed on the checklists.
 - The provider and I have inspected the home, completed the Health and Safety Checklist and the Provider Behavioral Conditions Checklists together.
 - All statements on the checklists are true and accurate.
 - The provider and I will notify and provide documentation to the enrollment agency when any item on the checklists has been corrected or changed.

5. PARENT CERTIFICATION

By signing this form I certify to the best of my knowledge that:

- I have reviewed the "Child Care Provider Section" of this form.
- I understand and agree to continue to meet all conditions stated above.
- I understand the decision to enroll my provider is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of my provider's eligibility to provide subsidized child care, and/or a denial or termination of enrollment. If my provider provides child care services while enrolled under false pretenses, or while he or she is an ineligible child care provider, the Local Social Services District may refuse to issue child care subsidy payments, terminate child care subsidy payments, take legal action against me or the child care provider.
- Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PARENT/CARETAKER SIGNATURE	DATE
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Reviewed 1/2013



This enrollment form is a legal agreement. Make a copy of this form for your records. Return this form and its attachments to:

**ESTADO DE NUEVA YORK
OFICINA DE SERVICIOS PARA NIÑOS Y FAMILIAS**

FORMULARIO DE INSCRIPCIÓN PARA PROVEEDORES DE SERVICIOS DE CUIDADO INFANTIL EN FAMILIA LEGALMENTE EXENTO Y DE CUIDADO INFANTIL A DOMICILIO LEGALMENTE EXENTO

Los proveedores de cuidado infantil que no están requeridos por ley del Estado de Nueva York a ser licenciados o registrados para operar un programa de cuidado diurno usan este formulario para inscribirse con una agencia de inscripción de provisión de cuidado legalmente exento para proveer cuidado infantil subsidiado.

Instrucciones: *Por favor use un bolígrafo negro/azul.*



- *Proveedor(a): Complete la "Sección del Proveedor(a) de Cuidado Infantil".*
- *Padre/madre/encargado(a): Complete la "Sección de Información del Padre/Madre".*
- *El proveedor(a) y el padre/madre/encargado(a) visitan e inspeccionan el establecimiento, revisan las secciones del formulario, luego firman y ponen la fecha donde se indica.*
- *Presente el formulario completado a la agencia de inscripción que sirve el lugar donde se provee cuidado infantil.*

I. SECCIÓN DEL PROVEEDOR(A) DE CUIDADO INFANTIL

A. PROVEEDOR(A) DE CUIDADO INFANTIL Y PROGRAMA

1. Nombre del Proveedor(a) de Cuidado Infantil:

Sr. Sra. Srta.

Apellido Nombre IM Sufijo

Conocido por otros nombres: _____
Soltero(a), casado(a), alias, etc.

2. Información de Identificación y de Contacto:

Número de Inscripción: _____ Tel. del Lugar: () _____ Listado No listado
(Si se aplica)

Fecha de Nacimiento: / / _____ Tel. de Casa: () _____ Listado No listado
(mm/dd/yyyy)

Género (M o F): _____ Tel. Celular: () _____

No. Seguro Social ¹: _____ E-mail²: _____ No E-mail

3. Establecimiento o Lugar de Cuidado Infantil: Indique dónde se provee cuidado infantil.

Número de Casa _____ Calle _____ Apto. _____

Dirección-Línea 2 _____ Piso _____

Ciudad _____ Estado _____ Zona Postal _____ Condado _____

4. Dirección de Casa: ¿Es la dirección de su casa la misma que el lugar donde provee cuidado infantil, indicado arriba? Sí. No. Si no, provea la dirección abajo.

Número de Casa _____ Calle _____ Apto. _____

Dirección-Línea 2 _____ Piso _____

Ciudad _____ Estado _____ Zona Postal _____ Condado _____

<p>(For Enrollment Agency Use) Received Date: _____ Complete Date: _____</p>	<p>(For Local District Use) Parent's Case No.: _____ Type: <input type="checkbox"/> WMS <input type="checkbox"/> Local LSSD Office/Unit/Wkr. No.: _____ / _____ / _____</p>
---	--

¹ El número de seguro social es **requerido** cuando el distrito de servicios sociales local emite pagos de subsidio por cuidado infantil directamente al proveedor(a) de cuidado infantil. El no proveer el número de seguro social puede retrasar el pago. El número de seguro social del proveedor(a) es **opcional** cuando el distrito de servicios sociales local emite cheques de subsidio de cuidado infantil al beneficiario del subsidio (padre/madre/encargado[a]). Si se provee el número de seguro social, éste puede ser usado por agencias federales, estatales y locales para propósito de reportes, con el fin de prevenir duplicación de servicios y fraude.

² La dirección electrónica dada puede ser usada por la agencia de inscripción para contactarle.

5. **Dirección de Correos:** ¿Es su dirección de correos la misma que la del lugar donde provee cuidado infantil o es la dirección de su casa provista anteriormente?
 Sí, la misma que el lugar de cuidado infantil. **Sí**, la misma que la dirección de la casa.
 No. Si "no", provea su dirección debajo.

Número de Casa	Calle	Apto.	
Dirección-Línea 2		Piso	
Ciudad	Estado	Zona Postal	
Condado			

6. ¿Estaba usted antes inscrito como proveedor(a) de cuidado infantil legalmente exento?
 Sí. Si "sí", provea el año de inscripción, _____, y el condado donde usted vivía, _____.
 No.
7. Enumere abajo los condados/distritos que están emitiendo pagos de subsidio por el cuidado infantil que usted actualmente provee.
- | | |
|-----------------|--|
| Distrito: _____ | ID Local/No. Vendedor ³ si tiene: _____ |
| Distrito: _____ | ID Local/No. Vendedor, si tiene: _____ |
| Distrito: _____ | ID Local/No. Vendedor, si tiene: _____ |
8. ¿Lee inglés? **Sí**. **No**. Si "no", ¿en qué idioma lee mejor? _____.
9. ¿Habla inglés? **Sí**. **No**. Si "no", ¿qué idioma habla mejor? _____.
10. ¿Provee otra persona cuidado infantil en el mismo lugar donde usted intenta proveer cuidado infantil?
 Sí. **Describe:** _____
 No.

B. TIPO DE CUIDADO INFANTIL LEGALMENTE EXENTO:

1. Escoja la declaración que describe los servicios de cuidado infantil que usted provee. Marque A, B, ó C. Provea información adicional según se indica.
- A) **Yo soy un proveedor(a) de Cuidado Infantil en el Hogar (In-Home Child Care Provider).** Yo proveo cuidado en el hogar del niño(a) y sólo cuido a niños que viven en el hogar. (Proveedor(a) y padre/madre/encargado(a): Por favor lea el formulario OCFS-LDSS-4699.2A-S, luego complete y ADJUNTE el Acuerdo del Proveedor(a) de Cuidado Infantil en Familia Legalmente Exento (OCFS-LDSS-4699.2-S).
- B) **Yo soy un proveedor(a) de Cuidado Infantil en Familia (Family Child Care Provider).** Yo proveo cuidado en mi propia casa, o en la de otra persona. Cuido a por lo menos un niño(a) que no vive en el hogar donde se provee cuidado. (Escoja 1, 2, ó 3 abajo, el que mejor describa su situación.
- 1) **Cuidado como pariente-** Soy abuelo(a), bisabuelo(a), tatarabuelo(a), tío(a), tío(a) abuelo(a), hermano(a) o primo(a) hermano(a) de **TODOS** los niños bajo cuidado; O
- 2) Cuido a no más de 2 niños (sin contar mis propios hijos o cualquier hijo(a) mayor de 13 años); O
- 3) Cuido a 3 o más niños. Sin embargo, nunca tengo más de 2 niños bajo cuidado al mismo tiempo por más de tres horas al día.
- C) **Otro**—Yo proveo cuidado diferente a las opciones anteriores A ó B. **Explique:** _____
- _____
- _____

(No puede inscribirse hasta que usted pruebe que es exento legalmente de los requisitos de licencia y registro).

³ Proveedor(a)/ No. de Vendedor es un número asignado y usado por el distrito de servicios sociales local para identificar al proveedor(a).

2. ¿Es menor de 18 años de edad?

- Sí.** Usted debe cumplir con los requisitos del Departamento de Trabajo del Estado de Nueva York. *Provea los documentos listados abajo para demostrar que usted satisface los requisitos. Marque para demostrar que se adjunta el ítem.*
 - He **ADJUNTADO** el Empleo de Menores de Edad (OCFS-LDSS-4699.1-S, Rev. 2010).
 - He **ADJUNTADO** una copia de mis documentos de trabajo, los que son requeridos si soy un menor de edad que está proveyendo **Cuidado Infantil en Familia**. (No se requiere para proveedores de cuidado infantil en el hogar).
- No.**

C. PERSONAS PRESENTES EN EL LUGAR DE CUIDADO INFANTIL

Las personas que estén presentes en el lugar de cuidado infantil cuando se provea cuidado infantil y tengan contacto con los niños que usted cuida deben pasar por una verificación de antecedentes, según lo requieren reglamentaciones de salud y de seguridad del Estado de Nueva York. Esto se aplica a:

- Un empleado(a): Una persona que usted contrate para trabajar en el lugar de cuidado infantil.
- Un voluntario(a): Una persona que a veces está en el lugar de cuidado infantil y quien puede que tenga contacto con los niños a quienes usted cuida.
- Para cuidado infantil en familia, un miembro(a) del hogar: Una persona que vive en e el hogar donde se provee cuidado.

NOTA: El proveedor(a) de cuidado infantil inscrito es la persona autorizada para cuidar a niños que reciben subsidios. El proveedor(a) de cuidado infantil inscrito debe estar presente y debe supervisar en todo momento. Empleados, voluntarios y miembros del hogar **NO** pueden sustituir al proveedor(a) en el cuidado de niños y no pueden quedarse solos con los niños.

1. ¿Tiene algún empleado(a) o voluntario(a), como se describe anteriormente?

- No.** **Sí.** Si "sí", enumere todos en el Cuadro 1, debajo, y adjunte más hojas si es necesario.

CUADRO 1-VOLUNTARIOS Y EMPLEADOS DEL PROVEEDOR(A) DE CUIDADO INFANTIL

NOMBRE (INCLUYA Y ESPECIFIQUE EL NOMBRE DE SOLTERO(A) Y OTROS NOMBRES ALIAS POR LOS QUE SE CONOCE A LOS VOLUNTARIOS Y EMPLEADOS)				PAPEL EMPLEADO(A) O VOLUNTARIO(A)	GENERO (M O F)	FECHA DE NACIMIENTO
A)	Apellido	Nombre	IM Sufijo			/ /
B)	Apellido	Nombre	IM Sufijo			/ /
C)	Apellido	Nombre	IM Sufijo			/ /
D)	Apellido	Nombre	IM Sufijo			/ /
E)	Apellido	Nombre	IM Sufijo			/ /

2. Sólo los proveedores de Cuidado Infantil en Familia deben contestar la siguiente pregunta:

¿Hay adultos de 18 años de edad o mayores (sin incluir al proveedor(a) de cuidado infantil) viviendo en la residencia donde se provee cuidado infantil? Esto incluye: miembros de la familia, miembros que no son de la familia, inquilinos compartiendo el hogar, compañeros de apartamento, adultos colocados bajo su cuidado, y cualquier otra persona adulta que viva en la residencia donde se provee cuidado infantil.

- No.**
- Sí.** Identifique en la Tabla 2 abajo cada persona que vive en la residencia donde se provee el cuidado. *Adjunte más hojas si es necesario.*

TABLA 2-MIEMBROS DEL HOGAR DE 18 AÑOS O MÁS, VIVIENDO EN EL ESTABLECIMIENTO DE CUIDADO INFANTIL

NOMBRE (INCLUYA Y ESPECIFIQUE EL NOMBRE DE SOLTERO(A) Y CUALQUIER OTRO NOMBRE POR EL QUE LOS MIEMBROS DEL HOGAR SEAN CONOCIDOS)				GENERO (M o F)	FECHA DE NACIMIENTO
A)	Apellido	Nombre	IM Sufijo		/ /
B)	Apellido	Nombre	MI Sufijo		/ /
C)	Apellido	Nombre	MI Sufijo		/ /
D)	Apellido	Nombre	MI Sufijo		/ /
E)	Apellido	Nombre	MI Sufijo		/ /
F)	Apellido	Nombre	MI Sufijo		/ /

D. OTRAS CUALIDADES Y CARACTERÍSTICAS DEL PROGRAMA

1. ELEGIBILIDAD DEL PROVEEDOR(A) POR CAPACITACIÓN PARA MEJORES TARIFAS

¿Ha completado 10 horas de capacitación durante los **últimos 12 meses** con la intención de mejorar la calidad de cuidado que provee?

- Sí.** Si contestó "sí", puede que usted sea elegible para recibir una tarifa mejor. **ADJUNTO** está el Registro de Entrenamiento para Proveedores de Cuidado Infantil Legalmente Exento (OCFS-LDSS-4699.3-S) y sus certificados de capacitación.
- No.**

2. PROGRAMA FEDERAL DE ASISTENCIA DE ALIMENTOS

El Programa Alimenticio para Niños y Adultos (*Child and Adult Care Food Program--CACFP*) ayuda a los programas de cuidado infantil con dinero para los gastos de comidas y bocadillos. ¿Participa actualmente en CACFP?

- A) **No.** Si desea información acerca de CACFP, llame al: 1(800) 942-3858.
- B) **Sí.** Si "sí", provea información acerca de su participación en CACFP y **ADJUNTE** prueba de su participación debajo, fechada dentro de los últimos 12 meses:

- 1) Nombre de la Agencia Patrocinadora: _____
- 2) ID de la Agencia Patrocinadora (si se conoce): _____
- 3) Su No. de Proveedor(a) de CACFP: _____
- 4) No. de Acuerdo: _____

- 5) Prueba de Participación: _____
- Fecha de la Prueba: _____
- Tipo de Prueba (Marque debajo para indicar prueba adjunta)
- CACFP Demanda con Talón de Reembolso
 - CACFP Lista de Control (*Monitoring Checklist-DOH-4118*)
 - CACFP Solicitud y Acuerdo Continuo (*Continuous Application and Agreement--DOH-3705*)

3. CANTIDAD QUE USTED COBRA

¿Cobra a los padres que reciben subsidio la misma cantidad que cobra a los padres que no reciben subsidio para los niños de la misma edad y cuidado similar?

- A) **Sí.**
- B) **No.** Si "no", escoja la declaración que describe la cantidad que cobra.
 - 1) Cobro a los padres que reciben subsidio **menos** de lo que cobro a los otros padres.
 - 2) Cobro a los padres que reciben subsidio **más** de lo que cobro a otros padres.

4. ADMINISTRACION DE MEDICAMENTOS

Las leyes del Estado de Nueva York restringen el derecho de administrar medicamentos aparte de pomadas de uso externo y venta libre, protectores solares y repelentes de insectos de venta libre y uso externo, a ciertos profesionales médicos autorizados por el estado para administrar medicamentos. Algunas personas están exentas de este requisito por su relación con el niño(a), la familia o los miembros del hogar, y están autorizadas a administrar medicamentos, incluidos:

- El padre, madre o encargado(a), padre o madre adoptivo, tutor(a) o guardián legal, o miembro del hogar del niño(a),
- El proveedor(a) de cuidado infantil empleado(a) por el padre, la madre, el tutor(a) o encargado(a) para cuidar a los niños en el hogar del niño(a),
- Miembros de la familia con relaciones de hasta el tercer grado de consanguinidad con los padres o padres adoptivos del niño(a). Esto incluye el abuelo(a), bisabuelo(a), tatarabuelo(a), tío(a) (y sus cónyuges), tía(a) abuelo(a) (y sus cónyuges), hermano(a) o primo(a) hermano(a) (y sus cónyuges).
- Los proveedores de cuidado infantil que han sido capacitados y autorizados por la Oficina de Servicios para Niños y Familias (*Office of Children and Family Services--OCFS*), bajo el Plan de Cuidado de la Salud para la Administración de Medicamentos, y aprobados por un asesor médico(a) habilitado, y quienes:
 - se desempeñen de acuerdo con las reglamentaciones del Estado de Nueva York, que incluyen capacitación sobre la administración de medicamentos.
 - hayan sido autorizados por el padre, madre o encargado(a), padre o madre adoptivo, tutor(a) o guardián legal, o miembro del hogar del niño(a) para administrar medicamentos, y
 - administren medicamentos a niños subsidiados bajo cuidado.

Para poder recibir la autorización de la OCFS para administrar medicamentos, los proveedores de cuidado infantil deben tener como mínimo 18 años y conocer el idioma en el que se redactarán las autorizaciones de los padres y las instrucciones del proveedor(a) de atención médica.

Cualquier persona que NO ESTE AUTORIZADA por las leyes del Estado de Nueva York, o que no estén exentas de este requisito legal, SOLO podrán administrar pomadas o ungüentos de uso externo y venta libre, protectores solares y repelentes de insectos de uso externo. Algunos ejemplos de los medicamentos que estos proveedores NO PUEDEN ADMINISTRAR son, entre otros: Tylenol®; Ritalin®; insulina; antibióticos; y gotas para los oídos, los ojos o la nariz.

A) ¿Tiene usted, sus empleados o voluntarios PERMISO LEGAL para administrar medicamentos a los niños cuyo cuidado es subsidiado?

Marque *todas las declaraciones que se aplican a usted. Provea toda la información pertinente.*

- 1) **Sí.** Tengo una RELACION sanguínea o por matrimonio de hasta el tercer grado con el padre/madre del niño(a) o con el padrastro o madrastra del mismo(a). Por lo tanto, tengo permiso para administrar medicamentos al niño(a) o niños, siguiendo las instrucciones del proveedor(a) de salud y las del padre/madre con respecto a permisos apropiados.
 - Soy el abuelo(a) de: _____
 - Soy bisabuelo(a) de: _____
 - Soy tatarabuelo(a) de: _____
 - Soy el tío(a) (y su cónyuge) de: _____
 - Soy tío(a)/abuelo(a) (y su cónyuge) de: _____
 - Soy primo(a) hermano(a) (y su cónyuge) de: _____
 - Soy el hermano(a) de _____

2) **Sí.** Estoy PROVEYENDO CUIDADO EN EL HOGAR de los siguientes niños: _____. Por lo tanto, tengo PERMISO para administrar medicamentos a estos niños con el permiso apropiado del padre/madre y siguiendo las instrucciones del proveedor(a) de cuidado de salud.

3) **Sí.** Soy profesional médico en el Estado de Nueva York AUTORIZADO POR EL DEPARTAMENTO DE EDUCACION DEL ESTADO DE NUEVA YORK (NYSED) para administrar medicamentos. Por lo tanto, tengo permiso para administrar medicamentos a niños bajo mi cuidado con el permiso apropiado del padre/madre y siguiendo las instrucciones del proveedor(a) de cuidado.

- a) Mi profesión es (*marque una*):
 - Enfermera(o) Registrada(o)
 - Enfermero(a) Practicante
 - Médico(a)
 - Médico(a) Asistente
- b) Número de Licencia: _____
 - He adjuntado una copia de mi actual licencia médica profesional del Estado de Nueva York. (*Requerido*)

4) **Sí.** TENGO un Plan de Salud para la Administración de Medicamentos (OCFS-LDSS-7000-S) aprobado dentro de los dos últimos años. Por lo tanto, el administrador(a) calificado de medicamentos mencionado abajo está AUTORIZADO POR OCFS para administrar medicamentos a niños subsidiados bajo mi cuidado, de acuerdo a las instrucciones del proveedor(a) de salud y las del padre/madre con respecto a permisos apropiados.

- a) Fecha de aprobación del plan: _____
 - He adjuntado una copia de la **primera página y la página de aprobación** de mi Plan de Salud para la Administración de Medicamentos (OCFS-LDSS-7000-S).
- b) Nombre del Administrador(a) de Medicamentos calificado: _____.
- c) Nombre del Asesor(a) de Salud: _____.
- d) Profesión del Asesor(a) de Salud (*marque una*):
 - Enfermera(o) Registrada(o)
 - Enfermera(o) Practicante
 - Médico(a)
 - Médico(a) Asistente
- e) Número de Licencia: _____.

5) **No.** Ninguno de los permisos mencionados anteriormente se aplica a mi persona. Yo no estoy autorizado por OCFS o NYSED. Comprendo que **no puedo administrar medicamentos** a niños bajo mi cuidado, excepto: pomadas o ungüentos de uso externo y venta libre, protectores solares y repelentes de insectos de uso externo cremas.

B) ¿Está interesado(a) en obtener autorización para administrar medicamentos a niños subsidiados bajo su cuidado?

- Sí.** Deseo conocer el proceso. Por favor envíeme el Plan de Salud para la Administración de Medicamentos para Proveedores Legalmente Exentos (OCFS-LDSS-7007-S).
- No.** No buscaré autorización para administrar medicamentos en este momento.

- C) Estoy de acuerdo. Administraré medicamentos cumpliendo la Ley del Estado de Nueva York y sólo hasta el límite permitido por la ley, lo que he indicado como selección anteriormente.
 Sí. **No.**
- D) Si tengo empleados o voluntarios, me aseguraré de que cada uno administre medicamentos de acuerdo con la Ley del Estado de Nueva York y sólo hasta el límite permitido por la ley.
 Sí. **No.**

3. HORAS DE OPERACIÓN

¿Cuáles son las horas en las que generalmente provee cuidado infantil? *Marque todo lo que se aplique.*


- Mañanas
- Tardes
- Anochecer
- Por la noche
- Antes de la escuela
- Después de la escuela
- Sustituto Solamente
- Fin de semana
- Sábado
- Domingo
- Día de semana
- Lunes
- Martes
- Miércoles
- Jueves
- Viernes

E. VERIFICACIÓN DEL ESTATUS LEGALMENTE EXENTO

1. HORARIOS DE CUIDADO INFANTIL

- A) Para cada **niño(a) que recibe subsidio** bajo su cuidado o a quien planea cuidar, provea **TODA** la información requerida.
- B) Para cada **niño(a) que no recibe subsidio** provea **la misma información**, excepto el **APELLIDO** del nombre del niño(a).

INFORMACION DEL NIÑO(A) Y HORARIOS DE CUIDADO

	NOMBRE DEL NIÑO(A):								
	NOMBRE DEL NIÑO(A):			NOMBRE DEL NIÑO(A):			NOMBRE DEL NIÑO(A):		
	EDAD DEL NIÑO(A):			EDAD DEL NIÑO(A):			EDAD DEL NIÑO(A):		
	NOMBRE DEL PADRE/MADRE:			NOMBRE DEL PADRE/MADRE:			NOMBRE DEL PADRE/MADRE:		
	RELACIÓN DEL PROVEEDOR(A) CON EL NIÑO(A):			RELACIÓN DEL PROVEEDOR(A) CON EL NIÑO(A):			RELACIÓN DEL PROVEEDOR(A) CON EL NIÑO(A):		
	¿CASO DE SUBSIDIO? <input type="checkbox"/> Sí <input type="checkbox"/> No			¿CASO DE SUBSIDIO? <input type="checkbox"/> Sí <input type="checkbox"/> No			¿CASO DE SUBSIDIO? <input type="checkbox"/> Sí <input type="checkbox"/> No		
	HORARIO DE CUIDADO INFANTIL			HORARIO DE CUIDADO INFANTIL			HORARIO DE CUIDADO INFANTIL		
	DEJAR	RECOGER	HRS / Día	DEJAR	RECOGER	HRS / Día	DEJAR	RECOGER	HRS / Día
LUNES	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
MARTES	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
MIÉRCOLES	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
JUEVES	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
VIERNES	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
SABADO	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
DOMINGO	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
	TOTAL DE HORAS POR SEMANA			TOTAL DE HORAS POR SEMANA			TOTAL DE HORAS POR SEMANA		

INFORMACION DEL NIÑO(A) Y HORARIOS DE CUIDADO

	NOMBRE DEL NIÑO(A):			NOMBRE DEL NIÑO(A):			NOMBRE DEL NIÑO(A):			
	EDAD DEL NIÑO(A):			EDAD DEL NIÑO(A):			EDAD DEL NIÑO(A):			
	NOMBRE DEL PADRE/MADRE:			NOMBRE DEL PADRE/MADRE:			NOMBRE DEL PADRE/MADRE:			
	RELACIÓN DEL PROVEEDOR(A) CON EL NIÑO(A):			RELACIÓN DEL PROVEEDOR(A) CON EL NIÑO(A):			RELACIÓN DEL PROVEEDOR(A) CON EL NIÑO(A):			
	¿CASO DE SUBSIDIO? <input type="checkbox"/> Sí <input type="checkbox"/> No			¿CASO DE SUBSIDIO? <input type="checkbox"/> Sí <input type="checkbox"/> No			¿CASO DE SUBSIDIO? <input type="checkbox"/> Sí <input type="checkbox"/> No			
	HORARIO DE CUIDADO INFANTIL			HORARIO DE CUIDADO INFANTIL			HORARIO DE CUIDADO INFANTIL			
		DEJAR	RECOGER	HRS / DÍA	DEJAR	RECOGER	HRS / DÍA	DEJAR	RECOGER	HRS / DÍA
LUNES	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM		
MARTES	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM		
MIÉRCOLES	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM		
JUEVES	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM		
VIERNES	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM		
SABADO	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM		
DOMINGO	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM		
TOTAL DE HORAS POR SEMANA				TOTAL DE HORAS POR SEMANA				TOTAL DE HORAS POR SEMANA		

LOS NIÑOS BAJO EL CUIDADO DEL PROVEEDOR(A)

A) ¿A cuántos de sus niños cuida en este establecimiento durante las horas de cuidado? *Provea datos abajo. No deje espacios en blanco. Escriba "cero" donde se aplique.*

- 1) Entre recién nacido y los 4 años de edad: _____.
- 2) Entre los 5 y los 12 años de edad: _____.

B) ¿Cuida a niños, sin contar los suyos, que **NO** están recibiendo subsidios para el cuidado infantil?

- 1) **Sí.** Si "sí", indique el número de niños sin subsidio, sin contar a los suyos, abajo.
 - a) Número de niños de parientes sin subsidio: _____.
 - a) Número de niños sin subsidio de personas sin parentesco: _____.

Nota: Todos los niños sin subsidio bajo cuidado DEBEN ser listados en la página anterior.

- 2) **No.**
- C) ¿Ha comenzado a proveer cuidado infantil para todos los niños cuyos horarios se indican anteriormente?
 - 1) **Sí.**
 - 2) **No.** Si "no", ¿cuándo se iniciará el cuidado?

NOTA: Si hay algunos cambios en el número de niños que usted cuida, las horas durante las que usted provee cuidado y el lugar donde lo provee puede afectar su elegibilidad como proveedor(a) legalmente exento y/o requerir que obtenga una licencia o se inscriba para operar un programa de cuidado diurno. Tales cambios deben reportarse a la agencia encargada de la inscripción inmediatamente.

F. LISTA DE VERIFICACIÓN DE SALUD Y SEGURIDAD

El proveedor(a) y el padre/madre/encargado(a) inspeccionan el lugar del establecimiento de cuidado infantil y completan la sección de abajo juntos.

Yo satisfago y estoy de acuerdo en continuar satisfaciendo los requisitos básicos de salud y seguridad indicados abajo.

Marque una respuesta para cada ítem de abajo.

<u>SI</u>	<u>NO</u>	El proveedor(a) satisface los siguientes requisitos básicos de salud y seguridad antes de cuidar a los niños:
<input type="checkbox"/>	<input type="checkbox"/>	1. Yo y todos los niños tienen dos salidas separadas y distantes para salir del edificio en caso de emergencias.
<input type="checkbox"/>	<input type="checkbox"/>	2. Las habitaciones de los niños tienen buena calefacción, están bien iluminadas y están bien ventiladas.
<input type="checkbox"/>	<input type="checkbox"/>	3. Mi establecimiento de cuidado infantil está libre de áreas no seguras (como piscinas, zanjas de desagüe abiertas, pozos de agua, hoyos, estufas a leña o a carbón, chimeneas y calentadores de ambiente a gas). Si hay áreas que no son seguras, las mismas están rodeadas por barreras resistentes que impiden que los niños se acerquen.
<input type="checkbox"/>	<input type="checkbox"/>	4. Si se provee cuidado infantil en pisos superiores, existen barandas o cerrojos en las ventanas para evitar que los niños se caigan.
<input type="checkbox"/>	<input type="checkbox"/>	5. El suministro de agua es seguro. Los baños funcionan. Hay agua corriente, caliente y fría, en todo momento.
<input type="checkbox"/>	<input type="checkbox"/>	6. Yo, todos los empleados y voluntarios que pueden tener contacto regular con los niños están físicamente, emocionalmente y mentalmente aptos para atender a los niños.
<input type="checkbox"/>	<input type="checkbox"/>	7. Yo, todos los empleados y voluntarios que pueden tener contacto regular con los niños no padecemos de ninguna enfermedad contagiosa que pueda poner en riesgo la salud y la seguridad de los niños bajo cuidado. Si yo, un empleado(a) o voluntario(a) que pueda tener contacto regular con los niños tiene una enfermedad contagiosa, yo debo obtener una declaración del médico(a) de esa persona que indique que la presencia de una enfermedad contagiosa no pone en riesgo la salud y la seguridad de los niños bajo cuidado. <input type="checkbox"/> He ADJUNTADO una declaración de un médico, si yo, un empleado(a) o voluntario(a) que pueda tener contacto regular con los niños tiene una enfermedad contagiosa, y esa enfermedad no pone en riesgo la salud y la seguridad de los niños bajo cuidado.
<input type="checkbox"/>	<input type="checkbox"/>	8. Mi establecimiento de cuidado infantil está libre de condiciones peligrosas o inseguras que podrían lastimar a los niños. Esto incluye, pero no se limita a: <ul style="list-style-type: none"> • Los cuchillos y otros objetos cortantes están fuera del alcance de los niños. • Los tapetes, las alfombritas o alfombras continuas, y los cables eléctricos están sujetos para que los niños no se tropiecen. • Los cables eléctricos no corren por debajo de los muebles o las alfombras y están fuera del alcance de los niños pequeños. • Los cables de extensión no están sobrecargados. • Las pistolas y otras armas de fuego están descargadas y guardadas bajo llave, y la llave se mantiene en un lugar seguro. La munición se guarda por separado. • Las cuerdas de las persianas y cortinas de las ventanas están fuera del alcance de los niños. • Los líquidos calientes están fuera del alcance de los niños. • Los artículos pequeños con los que los niños podrían sofocarse están fuera de su alcance. • Los detectores de monóxido de carbono están instalados donde los niños que cuidan duermen o descansan y en cada piso del hogar donde se provee cuidado.
<input type="checkbox"/>	<input type="checkbox"/>	9. Los fósforos, encendedores, medicamentos/drogas, artículos de limpieza, detergentes, aerosoles y otros materiales venenosos o tóxicos están almacenados en sus envases originales. Se presta la debida atención para que éstos no entren en contacto con los niños, no estén donde se preparan los alimentos o en otro sitio que pudiese ser riesgoso para los niños. Todos estos materiales se guardan en un lugar seguro, fuera del alcance de los niños.
<input type="checkbox"/>	<input type="checkbox"/>	10. Cada niño(a) recibirá las comidas y los bocadillos acordados entre el padre, la madre, el tutor(a) o encargado(a) y el proveedor(a).
<input type="checkbox"/>	<input type="checkbox"/>	11. Yo refrigeraré la leche, la leche de fórmula y otros alimentos que se echan a perder si se dejan afuera.
<input type="checkbox"/>	<input type="checkbox"/>	12. Yo no calentaré la leche de fórmula, la leche materna y demás alimentos para lactantes en hornos de microondas.
<input type="checkbox"/>	<input type="checkbox"/>	13. Yo siempre permitiré que el padre, la madre o el tutor(a) o encargado(a) con custodia tenga acceso ilimitado a su(s) niño(s) bajo cuidado, al lugar del programa mientras el/los niño(s) permanezca(n) allí, y a los registros escritos relacionados con el niño(a).
<input type="checkbox"/>	<input type="checkbox"/>	14. Yo llevaré a cabo simulacros o ejercicios de evacuación con los niños por lo menos una vez al mes para que ellos sepan qué hacer en caso de emergencias.

<input type="checkbox"/>	<input type="checkbox"/>	15. Tengo un teléfono que funciona O puedo conseguir uno rápidamente en caso de emergencias. Los números de teléfono del departamento de bomberos, de la policía local o estatal o alguacil de policía o "sheriff", del centro de toxicología y del servicio de ambulancias se encuentran cerca del teléfono y son fáciles de ver.
<input type="checkbox"/>	<input type="checkbox"/>	16. Usaré cubiertas de enchufe, protectores o instalaré dispositivos de seguridad en todos los enchufes eléctricos que un niño(a) podría alcanzar cuando cuide a un niño(a) menor de 5 años de edad.
<input type="checkbox"/>	<input type="checkbox"/>	17. La pintura y el yeso de las paredes están en buen estado, de modo que no hay peligro de que los niños se lleven trocitos de yeso o de pintura a la boca ni de que éstos caigan en los alimentos.
<input type="checkbox"/>	<input type="checkbox"/>	18. Tengo como mínimo un detector de humo en funcionamiento en cada ambiente de la vivienda. Lo controlaré periódicamente para asegurarme de que todos los detectores funcionen.
<input type="checkbox"/>	<input type="checkbox"/>	19. Tengo un botiquín de primeros auxilios portátil en mi establecimiento de cuidado infantil de fácil acceso en caso de emergencias y mis abastecimientos de primeros auxilios están en un recipiente limpio, fuera del alcance de los niños. Tiene los elementos necesarios para tratar las lesiones y los problemas infantiles comunes. Reemplazaré los abastecimientos del botiquín de primeros auxilios a la brevedad posible, después de haberlos usado o de que venzan.
<input type="checkbox"/>	<input type="checkbox"/>	20. He RECIBIDO del padre/madre/encargado(a) del niño(a) o de los niños un(a): <ul style="list-style-type: none"> • Comprobante firmado de un médico(a) u otro proveedor(a) de atención médica que: el/los niño(s) han recibido todas las inmunizaciones apropiadas para la edad del/de los/ niño(s); <u>Q</u> • Comprobante que una o más de las inmunizaciones causarían daño a la salud del/de los niño(s); <u>Q</u> • Declaración indicando que el/los niño(s) no han sido inmunizados debido a las creencias religiosas del padre/madre/encargado(a) del/de los niño(s).
<input type="checkbox"/>	<input type="checkbox"/>	21. Las gradas, barandas, terrazas y los balcones están en buenas condiciones.

Sólo los proveedores de **Cuidado Infantil en Familia** deben responder las preguntas *número* 22 más abajo.

SI	NO	El proveedor(a) satisface los siguientes requisitos de salud y seguridad antes de cuidar a los niños:
<input type="checkbox"/>	<input type="checkbox"/>	22. Todas las personas que viven en el hogar donde se provee cuidado están libres de enfermedades contagiosas. Si una persona que vive en el hogar <u>tiene</u> una enfermedad contagiosa, debo tener una declaración del proveedor(a) de atención médica de esa persona indicando que la presencia de una enfermedad contagiosa no pone en riesgo la salud o la seguridad de los niños bajo mi cuidado. 23. <input type="checkbox"/> He adjuntado una declaración del médico(a), si alguna persona que vive en el hogar tiene una enfermedad contagiosa, indicando que esa enfermedad no pone en riesgo la salud de los niños bajo mi cuidado.

G. CONDICIONES DE COMPORTAMIENTO DEL PROVEEDOR(A)

Todos los proveedores de cuidado infantil deben responder estas preguntas.

<u>SI</u>	<u>NO</u>	El proveedor(a) satisface y está de acuerdo en cumplir con los siguientes requisitos básicos de salud y seguridad antes de cuidar al niño(s):
<input type="checkbox"/>	<input type="checkbox"/>	1. Yo comprendo y estoy de acuerdo que nunca usaré el castigo corporal o permitiré que otros usen castigo físico mientras el niño(a) o los niños estén bajo mi cuidado. El castigo físico significa hacer daño directamente al cuerpo del niño(a) para castigarlo, como ser: <ul style="list-style-type: none"> • Pegar, morder, dar palmetazos o bofetadas, sacudir, retorcer, dar apretones; • Hacer que el niño(a) haga ejercicios físicos en exceso; • Forzar a que el niño(a) se quede quieto por largos períodos de tiempo; • Hacer que el cuerpo del niño(a) permanezca en posiciones dolorosas y extrañas; • Bañar al niño(a) en agua extremadamente fría o caliente; y • Forzar a que el niño(a) coma o tenga en su boca jabón, comida, especias o condimentos picantes, sustancias extrañas.
<input type="checkbox"/>	<input type="checkbox"/>	2. Yo comprendo y estoy de acuerdo de que nunca usaré o estaré bajo la influencia del alcohol o las drogas mientras los niños estén bajo cuidado y me aseguraré de que los niños bajo mi cuidado no estén en contacto con personas que usan drogas o alcohol.
<input type="checkbox"/>	<input type="checkbox"/>	3. Yo comprendo y estoy de acuerdo en que no fumaré o permitiré que se fume dentro de un lugar o en áreas cerradas, tales como automóviles o vehículos, cuando los niños estén presentes.
<input type="checkbox"/>	<input type="checkbox"/>	4. Yo comprendo y estoy de acuerdo que nunca dejaré a los niños solos o sin supervisión.
<input type="checkbox"/>	<input type="checkbox"/>	5. Yo comprendo y estoy de acuerdo de que SIEMPRE estaré presente cuando los niños estén bajo el cuidado de mis empleados y voluntarios y miembros del hogar, en los casos en que se provea cuidado en un hogar diferente al hogar del niño(a).

H. HISTORIAL RELEVANTE – PERSONAS EN EL LUGAR DE CUIDADO INFANTIL

1. PROVEEDORES SOLAMENTE

A) TERMINACIÓN DE LOS DERECHOS PATERNOS/MATERNOS DEL PROVEEDOR(A)

Yo certifico y atestigo que (*marque uno*):

- 1) **Nunca** se me han anulado o cancelado mis derechos de padre/madre bajo la Ley de Servicios Sociales 384-b o una autoridad legal equivalente.
- 2) **Se me han anulado o cancelado** mis derechos de padre/madre bajo la Ley de Servicios Sociales 384-b o una autoridad legal equivalente.

He **ADJUNTADO** el formulario de Historial de Terminación de Derechos Paternos/Maternos y/o Retiro del Niño(a)/Niños por Orden del Tribunal según Artículo 10 y Reconocimiento Paterno/Materno⁴ (OCFS-LDSS-4917-S).

B) RETIRO DE NIÑOS DEL PROVEEDOR(A) POR ORDEN DEL TRIBUNAL, ARTÍCULO 10

Yo certifico y atestigo que (*marque uno*):

- 1) **Nunca** se retiraron niños de mi cuidado por orden del tribunal, en un proceso legal bajo el Artículo 10 (protección de menores) de la Ley del Tribunal de la Familia.
- 2) **Se retiraron** niños de mi cuidado por orden del tribunal, en un proceso legal bajo el Artículo 10 (protección de menores) de la Ley del Tribunal de la Familia.

He **ADJUNTADO** el formulario de Historial de Terminación de Derechos Paternos/Maternos y/o Retiro del Niño(a)/Niños por Orden del Tribunal según Artículo 10 y Reconocimiento Paterno/Materno⁵ (OCFS-LDSS-4917-S).

⁴ Si necesita una copia de este formulario, por favor contacte a su distrito local de servicios sociales o a su agencia encargada de inscribir a proveedores de cuidado infantil legalmente exentos.

⁵ Si necesita una copia de este formulario, por favor contacte a su distrito local de servicios sociales o a su agencia encargada de inscribir a proveedores de cuidado infantil legalmente exentos.

C) CUMPLIMIENTO DE RESPONSABILIDADES DEL PROVEEDOR(A) DE CUIDADO DIURNO

Nota: Un programa de "cuidado diurno" incluye centros de cuidado infantil licenciados o registrados, al igual que hogares de cuidado diurno en familia u hogares de cuidado diurno de un grupo en familia, o centros pequeños de cuidado infantil y/o programas de cuidado para niños en edad escolar.

- 1) Yo certifico y atestigo que (*marque uno*):
 - Se me ha negado** una solicitud para una licencia o registro para operar un programa de cuidado infantil diurno.
 - No se me ha negado una solicitud** para una licencia o registro para operar un programa de cuidado infantil diurno.
- 2) Yo certifico y atestigo que (*marque uno*):
 - Se me ha revocado o suspendido** la licencia o el registro para operar un programa de cuidado diurno.
 - No se me ha revocado o suspendido** la licencia o el registro para operar un programa de cuidado diurno.
- 3) Si se le ha **negado** una licencia o un registro para operar un programa de cuidado diurno infantil o si se le ha **revocado** o **suspendido** una licencia o registro para operar un programa de cuidado infantil, complete lo siguiente:
 - a) **Nombre del Programa y Lugar:** _____
 - b) He **ADJUNTADO** el formulario de Historial de Ejecutoria de Cuidado Diurno y Reconocimiento del Padre/Madre,⁴ (OCFS-LDSS-4916-S).

2. PROVEEDOR(A), EMPLEADOS, VOLUNTARIOS Y MIEMBROS DEL HOGAR**D) CUMPLIMIENTO DE RESPONSABILIDADES DEL PROVEEDOR(A) DE CUIDADO DIURNO**

Nota: Un programa de "cuidado diurno" incluye centros de cuidado infantil licenciados o registrados, al igual que hogares de cuidado diurno en familia u hogares de cuidado diurno de un grupo en familia, o centros pequeños de cuidado infantil y/o programas de cuidado para niños en edad escolar

- 4) Yo certifico y atestigo que (*marque uno*):
 - Se me ha negado** una solicitud para una licencia o registro para operar un programa de cuidado infantil diurno.
 - No se me ha negado una solicitud** para una licencia o registro para operar un programa de cuidado infantil diurno.
- 5) Yo certifico y atestigo que (*marque uno*):
 - Se me ha revocado o suspendido** la licencia o el registro para operar un programa de cuidado diurno.
 - No se me ha revocado o suspendido** la licencia o el registro para operar un programa de cuidado diurno.
- 6) Si se le ha **negado** una licencia o un registro para operar un programa de cuidado diurno infantil o si se le ha **revocado** o **suspendido** una licencia o registro para operar un programa de cuidado infantil, complete lo siguiente:
 - a) **Nombre del Programa y Lugar:** _____
 - b) He **ADJUNTADO** el formulario de Historial de Ejecutoria de Cuidado Diurno y Reconocimiento del Padre/Madre,⁴ (OCFS-LDSS-4916-S).

3. PROVEEDOR(A), EMPLEADOS, VOLUNTARIOS Y MIEMBROS DEL HOGAR**A) HISTORIAL CRIMINAL**

- 1) He listado en la subsección I. C de este formulario a: TODOS los empleados, voluntarios y, si proveo cuidado en un hogar distinto al del hogar del niño(a), a todos los miembros del hogar de 18 años de edad o más que puedan tener contacto regular con los niños bajo cuidado:
 - Sí.**
 - No.**

- 2) Si proveo cuidado en un hogar distinto al hogar del niño(a), también he listado a todos los miembros del hogar en la subsección I. C de este formulario.
- 3) Certifico que he preguntado a las siguientes personas si **han sido sentenciadas o declarado culpables por un crimen**:
- Cada persona que está viviendo en el hogar (a diferencia del hogar propio de los niños) que tienen 18 años de edad o más,
 - Cada voluntario que pueda tener contacto regular con los niños bajo cuidado, y
 - Cada empleado(a).
- Sí.**
- No.**
- 4) ¿Ha sido usted, su empleado(a) o su voluntario(a) **sentenciado alguna vez por un crimen** en el Estado de Nueva York o cualquier otro lugar?
- Sí.** Provea los nombres de las personas sentenciadas _____.
- He **ADJUNTADO** un formulario completo de *Historial de Convicciones Criminales y Reconocimiento del Padre/Madre* (OCFS-LDSS-4915-S), para cada persona con un historial criminal.
- No.**
- 5) Para proveedor(a) tipo Cuidado Infantil en Familia únicamente: ¿ha sido sentenciada por un crimen en el Estado de Nueva York u otro lugar alguna persona que vive en el hogar donde se provee cuidado infantil y tiene 18 años o más de edad?
- Sí.** Provea los nombres de las personas sentenciadas _____.
- He **ADJUNTADO** un formulario completo de *Historial de Convicciones Criminales y Reconocimiento del Padre/Madre* (OCFS-LDSS-4915-S), para cada persona con un historial criminal.
- No.**

B) REPORTE INDICADOS DE ABUSO Y MALTRATO INFANTIL

He pedido a TODOS los empleados, voluntarios e individuos quienes estén ayudando con el cuidado de niños o quienes tengan contacto regular con los niños y, si proveo cuidado en un hogar diferente al hogar donde residen los niños, a todos los miembros del hogar de 18 años de edad o mayores, si ellos han sido sujetos a un reporte de abuso o maltrato infantil indicado. He informado al padre/madre/encargado(a) si yo o cualesquiera de estos individuos han sido sujetos de algún informe indicado de abuso o maltrato infantil. Cuando se ha dado la existencia de una indicación de abuso o maltrato infantil, he provisto por escrito al padre/madre/encargado(a) información verdadera y correcta, incluyendo:

- Una descripción del o los incidente(s), y
 - La fecha de la(s) indicación/indicaciones, y
 - Cualquier otra información relevante con respecto a la(s) indicación/indicaciones.
- Sí.**
- No.**

I. ACUERDOS DEL PROVEEDOR(A) Y CERTIFICACIONES

PRESENTANDO ACTUALIZACIONES Y CAMBIOS EN LA INFORMACIÓN DE LA INSCRIPCIÓN

- ✘ Yo presentaré inmediatamente un nuevo formulario de inscripción a la agencia de inscripción si empiezo a proveer cuidado infantil en un lugar diferente al indicado en este formulario.
- ✘ Yo informaré a la agencia inmediatamente si hay cambios en:
 - mis datos de contacto,
 - los niños que cuido o las horas en las que proveo cuidado,
 - las personas que tienen contacto con lo niños bajo mi cuidado,
 - cualquier información provista en el formulario de inscripción o cambios en los adjuntos.
- ✘ Yo informaré a la agencia encargada de la inscripción inmediatamente cuando:
 - Cualquier persona de 18 años o más se traslade al hogar donde se provea "Cuidado Infantil en Familia" o se quede más de unos días (Cuidado infantil en **Familia** solamente).
 - Cualquier niño(a) que esté viviendo en el hogar donde se provea "Cuidado Infantil en Familia" que cumpla los 18 años de edad. (Cuidado Infantil en **Familia** solamente)
 - Yo contrato o recibo ayuda para cuidar a los niños.

4. REQUISITOS DE SALUD Y SEGURIDAD

- ✘ Yo comprendo que no puedo ser inscrito y que el pago no puede efectuarse hasta que todos los ítems marcados "No" sean corregidos en la Lista de Verificación de Salud y Seguridad y la Lista de Verificación de Condiciones de Comportamiento.
- ✘ Yo continuaré satisfaciendo todos los requisitos básicos de salud y seguridad listados en las lista de verificación y
 - El padre/madre/encargado(a) y yo hemos inspeccionado el hogar y hemos completado la Lista de Verificación de Salud y Seguridad y la Lista de Condiciones de Comportamiento del Proveedor(a) juntos.
 - Yo notificaré y proveeré documentación a la agencia encargada de la inscripción cuando cualquier ítem en las listas haya sido corregido o haya cambiado.

5. COMPARTIENDO INFORMACIÓN Y LA VERIFICACIÓN DE DATOS

- ✘ Yo autorizo a la agencia encargada de la inscripción y al Programa Alimenticio para Niños y Adultos (*Child and Adult Care Food Program--CACFP*) a intercambiar información respecto a mi status de inscripción de cuidado infantil y mi participación en CACFP.
- ✘ Yo comprendo que la agencia encargada de la inscripción y el distrito de servicios sociales intercambiará información con respecto a mi estado de inscripción de cuidado infantil.
- ✘ Yo comprendo que el distrito de servicios sociales local verificará su archivo de datos de bienestar infantil para encontrar mi historial relacionado al retiro de niños ordenado por un tribunal bajo la Ley del Tribunal de la Familia (*Family Court Act--FCA*) Artículo 10 y cualquier terminación de los derechos paternales/maternales.
- ✘ Yo comprendo que la agencia encargada de la inscripción verificará información con el Registro de Ofensores Sexuales del Estado de Nueva York (*New York State Sex Offender Registry*) para determinar si yo, cualquier voluntario(a) que pueda tener contacto con niños bajo cuidado, cualquier empleado(a), y para el proveedor(a) de cuidado infantil legalmente exento en familia, cualquier persona viviendo en el hogar donde se provee cuidado infantil, de 18 años de edad o más esté listado en el Registro de Ofensores Sexuales
- ✘ Yo comprendo que la agencia encargada de la inscripción verificará con el Sistema de Establecimientos de Cuidado Infantil del Estado de Nueva York (*New York State Child Care Facility System*) si se me ha negado alguna vez la licencia o el registro de cuidado diurno infantil o si se me ha suspendido o revocado la licencia o el registro de cuidado infantil.
- ✘ Yo comprendo que la agencia encargada de la inscripción verificará información con el Registro de Ofensores Sexuales del Estado de Nueva York (*New York State Sex Offender Registry*) para determinar si yo, cualquier voluntario(a) que pueda tener contacto con niños bajo cuidado, cualquier empleado(a), y para el proveedor(a) de cuidado infantil legalmente exento en familia, cualquier persona viviendo en el hogar donde se provee cuidado infantil, de 18 años de edad o más esté listado en el Registro de Ofensores Sexuales.
- ✘ Yo comprendo que la agencia encargada de la inscripción verificará con el Sistema de Establecimientos de Cuidado Infantil del Estado de Nueva York (*New York State Child Care Facility System*) si se me ha negado alguna vez la licencia o el registro de cuidado diurno infantil o si se me ha suspendido o revocado la licencia o el registro de cuidado infantil.

6. ELEGIBILIDAD Y PAGOS

- ✘ Yo comprendo que no puedo ser pagado como proveedor(a) de cuidado infantil legalmente exento si soy el padre/madre del niño(a), padrastro/madrastra, padre/madre adoptivo(a), tutor(a) legal u otra persona responsable legalmente por los niños, o si yo vivo en el mismo hogar y tengo a un niño(a) en común con el padre o la madre.
- ✘ Yo estoy de acuerdo en coleccionar la cuota de la familia si el distrito de servicios sociales local me instruye hacerlo. Notificaré de inmediato al distrito de servicios sociales local si el padre/madre/encargado(a) deja de pagar la cuota requerida de la familia.
- ✘ Yo estoy de acuerdo en proveer récords de asistencia correctos, a tiempo, como lo requiere el distrito de servicios sociales local.
- ✘ Yo comprendo que el distrito de servicios sociales local no me pagará por ningún cuidado infantil provisto a niños que estén recibiendo subsidio de cuidado infantil mientras la agencia encargada de la inscripción me considere un proveedor(a) inelegible.
- ✘ Yo comprendo que debo estar inscrito(a) con la agencia encargada de inscripción antes de que se pueda emitir cualquier pago.
- ✘ Yo comprendo que puede que yo no sea elegible para proveer cuidado infantil Y que el distrito de servicios sociales local no me pague cuando:
 - Tenga un historial de retiro de niños por orden del tribunal de familia relacionado al Artículo 10 (protección de menores), o
 - Tenga un historial de terminación de derechos paternales/maternales, o

- Tenga un historial de denegación, revocación y/o suspensión de una licencia o registro para operar un programa de cuidado infantil diurno, o
- Yo, cualquier voluntario(a) que pueda tener contacto regular con el/los niño(s); o para cuidado infantil en familia, cualquier persona de 18 años de edad o más que esté viviendo en el hogar haya sido sentenciado por un crimen.

- ✘ Yo comprendo que no soy elegible para proveer cuidado infantil si yo, cualquier voluntario que pueda tener contacto regular con los niños, cualquier empleado o persona que viva en el hogar (a excepción del hogar o residencia de los niños) de 18 años o más de edad haya sido sentenciado por un crimen contra un niño(a) o esté en la lista del Registro de Ofensores Sexuales.
- ✘ Yo comprendo que si la agencia encargada de la inscripción determina que no puedo inscribirme, entonces el distrito de servicios sociales local no puede emitir pago por el cuidado que he provisto. El padre/madre/encargado(a) tiene el derecho y la responsabilidad de decidir si él/ella desea utilizar mis servicios de cuidado infantil. Si el padre/madre/encargado(a) elige usar mis servicios de cuidado infantil cuando no puedo inscribirme, el padre/madre/encargado(a) es responsable por pagarme por el cuidado infantil.

7. OTROS ACUERDOS

- ✘ Yo comprendo y estoy de acuerdo en permitir que representantes de la agencia encargada de la inscripción, el distrito de servicios sociales y el Estado de Nueva York tengan acceso a los establecimientos donde se provee cuidado infantil a niños con subsidio para confirmar que la información relativa al formulario de inscripción y/o de asistencia sea acertada, y que se estén proveyendo servicios de cuidado infantil tal como se indica en estos formularios. Comprendo que si yo no permito ese acceso, entonces yo seré considerado un proveedor(a) inelegible, se anulará o cancelará mi inscripción, y el distrito de servicios sociales local no me pagará.
- ✘ Yo comprendo que si se me niega la inscripción, puedo solicitar que la agencia encargada de inscripciones revise cualquier circunstancia extenuante para determinar si se podría hacer una excepción para permitirme proveer cuidado infantil. Si solicito una excepción, debo proveer todos los documentos o referencias requeridas por la agencia encargada de la inscripción.
- ✘ Yo comprendo y estoy de acuerdo en satisfacer todas las condiciones declaradas en este formulario, siempre y cuando esté proveyendo cuidado infantil. Comprendo que se me requiere informar a la agencia encargada de la inscripción y al padre/madre/encargado(a) si hay un cambio en la información declarada en el formulario de inscripción.

CERTIFICACIÓN DEL PROVEEDOR(A)

Al firmar este formulario, yo certifico que a mi mejor conocimiento:

- Yo comprendo y estoy de acuerdo en continuar satisfaciendo todas las condiciones enumeradas anteriormente.
- He revisado la “Sección de Información para el Padre/Madre” de este formulario.
- Yo comprendo que la decisión de inscribirme se basa en los datos provistos y atestiguados en el formulario de inscripción. La provisión de información falsa o deliberadamente ocultar información puede resultar en una determinación inadecuada de mi elegibilidad para proveer cuidado infantil a niños con subsidio y/o un rechazo o denegación, o cancelación o revocación terminación de la inscripción. Si proveo servicios de cuidado infantil mientras estoy inscrito con pretensiones falsas, o mientras soy inelegible para ser proveedor(a) de cuidado infantil, el Distrito de Servicios Sociales Local puede rehusare a emitir pagos de subsidio de cuidado infantil, cancelar los pagos de subsidio de cuidado infantil, tomar acción legal contra mi persona o el padre/madre/encargado(a), y puede que se me requiera reembolsar cualquier dinero que haya recibido por servicios provistos.
- Bajo la penalidad de perjurio, estoy de acuerdo en que de acuerdo a mi mejor conocimiento, todas las declaraciones hechas en este formulario de inscripción y otros adjuntos son verdaderas y correctas.

FIRMA DEL PROVEEDOR(A):

X

FECHA:

FORMULARIO DE INSCRIPCIÓN PARA PROVEEDORES DE SERVICIOS DE CUIDADO INFANTIL LEGALMENTE EXENTO Y DE CUIDADO INFANTIL A DOMICILIO

II. SECCIÓN DE INFORMACIÓN DEL PADRE/MADRE/ENCARGADO(A)

El padre/madre/encargado(a) que está recibiendo o solicitando un subsidio por cuidado infantil debe completar esta sección Y revisar la sección del "Proveedor(a) de Cuidado Infantil".



A. INFORMACIÓN DEL PADRE/MADRE/ENCARGADO(A)⁶

1. Nombre del Padre/Madre/Encargado(a):

Sr. Sra. Srta.

Apellido	Nombre	IM	Sufijo
----------	--------	----	--------

Otros nombres por los cuales se le conoce: _____
Nombre de soltero(a), casado(a), seudónimos, etc.

2. Información de Identificación y de Contacto:

Fecha de Nacimiento: ____ / ____ / ____ Tel. de la Casa: (____) _____ Listado No publicado
(mm/dd/yyyy)

Tel. del Trabajo: (____) _____ Tel. Celular: (____) _____

Dirección Electrónica⁷: _____ No Dirección Electrónica

3. ¿Lee inglés? Sí. No. Si "no", ¿qué idiomas lee mejor? _____.

4. ¿Habla inglés? Sí. No. Si "no", ¿qué idiomas lee mejor? _____.

5. ¿Se provee cuidado infantil en su hogar? Sí. No.

6. Provea la dirección de su casa abajo.

Dirección de la Casa:

Número de Casa	Calle	Apto.
----------------	-------	-------

Dirección-Línea 2	Piso
-------------------	------

Ciudad	Estado	Zona Postal	Condado/Boro
--------	--------	-------------	--------------

7. **Dirección de Correos:** ¿Es su dirección de correos la misma que su dirección de su casa? Sí. No.
 Si su dirección es diferente a la dirección de casa, por favor provea su dirección de correos abajo.

Número de Casa	Calle	Apto.
----------------	-------	-------

Dirección-Línea 2	Piso
-------------------	------

Ciudad	Estado	Zona Postal
--------	--------	-------------

8. Provea información acerca de su caso de Subsidio por Cuidado Infantil:

Condado que Paga el

Subsidio:	No de Asistencia Temporal ⁷ :
-----------	--

Número de Caso de	Número de Padre/Madre CIN ⁷ :
-------------------	--

Subsidio ⁸ :	Número de Padre/Madre CIN ⁷ :
-------------------------	--

⁶ Encargado(a) se refiere al padre/madre de un niño(a), tutor(a) legal, pariente encargado del niño(a) o cualquier otra persona con la que el niño(a) vive que ha asumido la responsabilidad por el cuidado diario y la custodia del niño(a).

⁷ La dirección electrónica dada puede ser usada por la agencia de inscripción para contactarle.

⁸ El número de asistencia temporal, el número de caso del subsidio y el número de identificación del cliente para los padres o CIN son opcionales. Si se proveen, se utilizarán para facilitar el compartimiento de información con los distritos de servicios sociales locales con respecto a su elegibilidad y el pago por cuidado infantil.

B. SUS HIJOS BAJO CUIDADO DEL PROVEEDOR(A)

1. LISTE A SU(S) HIJO(S) QUE CUIDA EL PROVEEDOR(A)

Añada hojas adicionales si es necesario.

A) Nombre del Niño(a): _____ Fecha de Nacimiento: / / _____
Apellido Nombre (mm/dd/yyyy)

Relación del Proveedor(a) con el Niño(a): _____ CIN del Niño(a)⁹: _____

B) Nombre del Niño(a): _____ Fecha de Nacimiento: / / _____
Apellido iNombre (mm/dd/yyyy)

Relación del Proveedor(a) con el Niño(a): _____ CIN del Niño(a): _____

C) Nombre del Niño(a): _____ Fecha de Nacimiento: / / _____
Apellido Nombre (mm/dd/yyyy)

Relación del Proveedor(a) con el Niño(a): _____ CIN del Niño(a): _____

D) Nombre del Niño(a): _____ Fecha de Nacimiento: / / _____
Apellido Nombre (mm/dd/yyyy)

Relación del Proveedor(a) con el Niño(a): _____ CIN del Niño(a): _____

2. LAS NECESIDADES DE MEDICAMENTOS DE MI(S) HIJO(S)

Yo comprendo que los proveedores de cuidado infantil **no pueden** administrar medicamentos a los niños excepto de la siguiente manera:

- o Cualquier proveedor(a) de cuidado infantil puede administrar únicamente pomadas de uso externo y venta libre, protectores solares y repelentes de insectos de uso externo con el permiso de los padres.
- o Cuando el proveedor(a) de cuidado infantil provee cuidado en el hogar del niño(a), el proveedor(a) puede administrar medicamentos de venta libre y medicamentos prescritos con el permiso del padre/madre y siguiendo las instrucciones del médico.
- o Cuando el proveedor(a) de cuidado infantil tiene parentesco con el padre/madre o padrastro/madrastra del niño(a) dentro de un tercer grado de consanguinidad (por sangre o por matrimonio), el proveedor(a) puede administrar medicamentos de venta libre y prescripciones con el permiso del padre/madre y las instrucciones del médico. El proveedor(a) de cuidado infantil debe tener una de las siguientes relaciones para ser considerado un pariente de tercer grado:
 - o el abuelo(a) del niño(a),
 - o el tatarabuelo(a) del niño(a),
 - o el tío(a) abuelo(a) (y sus cónyuge),
 - o el primo(a) hermano(a) del niño(a) (y su cónyuge)
 - o el bisabuelo(a) del niño(a)
 - o el tío(a) del niño(a) (y su cónyuge)
 - o el hermano(a) del niño(a)
- o Cuando el proveedor(a) de cuidado infantil es un médico licenciado, un médico asistente, una enfermera registrada o una enfermera practicante, el proveedor(a) puede administrar prescripciones o medicamentos de venta libre a niños cuyo cuidado es subsidiado con el permiso del padre/madre y siguiendo las instrucciones del médico.
- o Cuando el programa de cuidado infantil es autorizado por OCFS y sigue un Plan de Salud de Administración de Medicamentos, el administrador(a) de medicamentos designado en el plan puede administrar medicamentos de venta libre y algunos medicamentos con prescripción a niños que reciben subsidio por cuidado infantil, con el permiso del padre/madre y siguiendo instrucciones del médico.

9 El Número de Identificación del Cliente (Client Identification Number--CIN) es opcional. Si se lo provee, se lo utilizará para facilitar el compartimiento de información con los distritos de servicios sociales locales con respecto a su elegibilidad y el pago por cuidado infantil.

He leído las “Calificaciones del Proveedor(a) para Administrar Medicamentos” en la Sección I del Proveedor(a), y “Las Necesidades de Medicamentos de Mis Hijos”, y comprendo hasta qué punto mi proveedor(a) de cuidado infantil legalmente exento está permitido administrar medicamentos a mis hijos. Mi proveedor(a) de cuidado infantil y yo estamos de acuerdo en que:

El padre/madre será responsable por las necesidades de medicamentos de los siguientes niños:

_____.

El proveedor(a) será responsable por las necesidades de medicamentos de los siguientes niños:

_____.

3. LAS COMIDAS Y MERIENDAS DE MI(S) HIJO(S)

Para cada niño(a) nombrado en la página anterior, ya sea el padre/madre o el proveedor(a) debe proveer comidas y meriendas. ¿Quién proveerá comidas y meriendas para sus hijos mientras estén bajo cuidado?

El padre/madre será responsable por las comidas y las meriendas de los siguientes niños:

_____.

El proveedor(a) será responsable por las comidas y las meriendas de los siguientes niños:

_____.

C. HISTORIAL RELEVANTE DEL PROVEEDOR(A) Y PERSONAS EN EL ESTABLECIMIENTO DE CUIDADO INFANTIL

1. Yo comprendo que el proveedor(a) de cuidado infantil debe informarme si las personas que puede que tengan contacto con mis hijos han sido sujetas a un informe indicado de abuso o maltrato infantil:

- proveedor(a)
- voluntarios que puedan tener contacto regular con los niños bajo cuidado,
- empleados, y
- si no se provee cuidado en mi hogar, las personas que viven en el hogar de 18 años o más.

Sí.

No.

- He preguntado específicamente al proveedor(a) si voluntarios que puede que tengan contacto con mis hijos, empleados y personas de 18 años o más de edad (si se provee cuidado en el hogar del proveedor[a]), han sido nombrados en un informe de abuso y maltrato infantil.
- El proveedor(a) me ha informado si existe algún informe indicado de abuso o maltrato infantil y quién fue el sujeto nombrado en el informe: el proveedor(a), empleados, voluntarios que puede que tengan contacto regular con mis hijos bajo cuidado, y personas que viven en el hogar de 18 años de edad o más (si se provee cuidado en el hogar del proveedor[a]).
- Cuando existe una indicación de abuso o maltrato infantil, el proveedor(a) me ha provisto información escrita respecto a esa indicación de abuso o maltrato infantil. Yo comprendo que tengo el derecho de escoger a otro proveedor(a). Estoy de acuerdo en que he considerado cuidadosamente la información provista sobre las indicaciones de abuso y maltrato infantil, y estoy seleccionando a este proveedor(a) teniendo en cuenta esa información.

Sí.

No.

D. RECONOCIMIENTO DEL PADRE/MADRE Y ACUERDOS

1. RESPONSABILIDADES DEL PADRE/MADRE DE CONTROLAR LA CALIDAD DEL CUIDADO

- ✘ Certifico que yo he seleccionado a este(a) proveedor(a) de cuidado para cuidar a mis hijos.
- ✘ He revisado cada ítem en la Lista de Verificación de Salud y Seguridad y la Lista de Condiciones de Comportamiento del Proveedor(a) con el proveedor(a) en la Sección del Proveedor(a) de Cuidado Infantil, y toda la información en la lista es verdadera y correcta.
- ✘ Comprendo que es mi responsabilidad controlar la calidad del cuidado que recibe(n) mi(s) hijo(s) por parte del proveedor(a) de cuidado infantil.
- ✘ Comprendo que estos acuerdos se aplican siempre y cuando este proveedor(a) esté cuidando a mi(s) hijo(s).

2. CAMBIOS A LA INFORMACIÓN DE INSCRIPCIÓN

- ✘ Yo notificaré inmediatamente a la agencia de inscripción si:
 - Mi dirección o número de teléfono cambia

Tengo alguna preocupación acerca de la salud o seguridad de mis hijos en el establecimiento del proveedor(a) de cuidado.

3. ASUNTOS DE ELEGIBILIDAD Y PAGOS

- ✘ Yo notificaré inmediatamente al distrito de servicios sociales y a mi proveedor(a) cuando cambien las horas que necesito cuidado infantil u otras circunstancias relacionadas a mis necesidades o elegibilidad para cuidado infantil.
- ✘ Estoy de acuerdo de pagar mi cuota familiar, si se aplica, según lo dicte el distrito de servicios sociales local.
- ✘ Yo comprendo que un proveedor(a) de cuidado infantil que es el hijo(a) del padre/madre, el padrastro o madrastra, padre/madre adoptivo(a), guardián legal u otra persona responsable legalmente por ese niño(s) que vive en el mismo hogar y tiene un hijo(s) en común conmigo no puede recibir pagos.
- ✘ Yo comprendo que el proveedor(a) debe ser aceptado para ser inscrito con la agencia de inscripción antes de que se pueda emitir algún pago.
- ✘ Yo comprendo que un proveedor(a) no es elegible para proveer cuidado infantil si el proveedor(a), cualquier voluntario(a) que tiene la probabilidad de tener contacto regular con mi(s) hijo(s), cualquier empleado(a), o para cuidado infantil en familia, cualquier persona de 18 años o más que está viviendo en el hogar donde se provee cuidado infantil:
 - Ha sido sentenciado por un crimen contra algún niño(s) o
 - Está en la lista del Registro de Ofensores Sexuales.
- ✘ Yo comprendo que mi proveedor(a) puede que no sea elegible para proveer cuidado infantil y que el distrito de servicios sociales puede que no pueda pagar al proveedor(a) cuando:
 - El proveedor(a) tenga un historial de terminación de derechos paternos/maternos, o
 - El proveedor(a) tenga un historial de retiro de niños según el Artículo 10 (protección de menores) por orden del Tribunal de la Familia, o
 - Al proveedor(a) se le haya negado o revocado y/o suspendido una licencia o registro para operar un programa de cuidado infantil diurno, o
 - El proveedor(a), cualquier voluntario(a) que pueda tener contacto regular con mi(s) hijo(s), cualquier empleado(a) o para cuidado infantil en familia, cualquier persona de 18 años o más que esté viviendo en el hogar donde se provea cuidado infantil haya sido sentenciada por un crimen:
- ✘ Comprendo que si al proveedor(a) se le niega la inscripción o si se termina o cancela su inscripción, el proveedor(a) será considerado inelegible para proveer cuidado infantil.
- ✘ El distrito de servicios sociales local no puede pagar al proveedor(a) o emitir un pago por el cuidado provisto por un proveedor(a) que no esté inscrito o sea inelegible. Si elijo usar un proveedor(a) inelegible, yo soy responsable de pagar por el cuidado infantil. Comprendo que tengo el derecho de seleccionar a otro proveedor(a).

4. REQUISITOS DE SALUD Y SEGURIDAD

- ✘ Yo comprendo que el pago no puede hacerse hasta que todos los ítems marcados “No” se corrijan en la Lista de Condiciones de Comportamiento y la Lista de Salud y Seguridad.
- ✘ Yo comprendo que el proveedor(a) debe continuar satisfaciendo todos los requisitos básicos de salud y seguridad y la condiciones de comportamiento indicadas en las listas de verificación.
 - El proveedor(a) y yo hemos inspeccionado el hogar, hemos completado la Lista de Salud y Seguridad y la Lista de Condiciones de Comportamiento juntos.
 - Todas las declaraciones en las listas de verificación son verdaderas y acertadas.

El proveedor(a) y yo notificaremos y proveeremos documentación a la agencia de inscripción cuando cualquier ítem en la lista de verificación se corrija o cambie.

5. CERTIFICACIÓN DEL PADRE/MADRE/ENCARGADO(A)

Al firmar este formulario, certifico de acuerdo a mi mejor conocimiento que:

- He revisado la “Sección para el Proveedor(a) de Cuidado Infantil” de este formulario.
- Comprendo y estoy de acuerdo en satisfacer todas las condiciones declaradas anteriormente.
- Comprendo que la decisión de inscribir a mi proveedor(a) se basa en los hechos provistos y atestiguados en el formulario de inscripción. La provisión de información falsa o el ocultar deliberadamente información puede resultar en una determinación incorrecta de la elegibilidad de mi proveedor(a) para proveer cuidado infantil subsidiado, y/o una negación o terminación de la inscripción. Si my proveedor(a) provee servicios de cuidado infantil mientras está inscrito bajo identidades falsas o mientras él/ella es un proveedor(a) de cuidado infantil inelegible, el Distrito de Servicios Sociales puede rehusarse a emitir pagos por subsidio, cancelar los pagos de subsidio de cuidado infantil, tomar acción legal contra mí o el proveedor(a) de cuidado infantil.
- Bajo la penalidad de perjurio, estoy de acuerdo en que de acuerdo a mi mejor conocimiento, todas las declaraciones hechas en este formulario de inscripción y otros adjuntos son verdaderas y correctas.

FIRMA DEL PADRE/MADRE/ENCARGADO(A)	FECHA
------------------------------------	-------



Este formulario de inscripción es un acuerdo legal. Por favor haga una copia de este formulario para sus récords. Devuelva este formulario y sus adjuntos a:

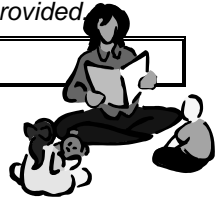
NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT GROUP CHILD CARE

Group child care providers, who are not required by NYS law to be licensed or registered to operate a day care program, and who are not providing "informal" child care in a residence, use this form to enroll with a legally-exempt caregiver enrollment agency to provide subsidized child care. (Regulatory reference: 18 NYCRR 415).

Instructions: Please use black/blue pen.

- Provider/director must complete the "Child Care Provider Section" of this form and parent must review. Parent/caretaker must complete the "Parent Information Section" of this form and provider/program director must review.
- Both parent and provider/program director must sign at the end of the section.
- Submit the completed form to the enrollment agency serving the location where the child care is being provided.



I. CHILD CARE PROVIDER SECTION

A. CHILD CARE PROVIDER/DIRECTOR AND PROGRAM

1. Child Care Provider/Program Director¹ Name:

Mr. Mrs. Ms.

_____ Last _____ First _____ MI _____ Suffix

Other names known by: _____

Maiden, married, aliases, etc.

2. Program Name and Federal Identification Number (Complete only if applicable):

DBA (Doing Business As): _____

Federal Identification No: _____

Legal Name: _____

3. Identifying and Contact Information:

Enrollment Number: _____ Site Phone: () _____ Unlisted
(If Applicable)

Date of Birth: (mm/dd/yyyy) / / _____ Home Phone: () _____ Unlisted

Gender (M or F): _____ Cell Phone: () _____ Fax: () _____

Social Security No.²: _____ E-Mail Address³: _____ No E-Mail Address

4. Child Care Location: Give address where the child care is being provided.

Building Number _____ Street _____ Apt. _____

Address Line 2 _____ Floor _____

City _____ State _____ Zip _____ County/Borough _____

<p>(For Enrollment Agency Use)</p> <p>Received Date ____ / ____ / ____</p> <p>Complete Date ____ / ____ / ____</p>	<p>(For Local District Use)</p> <p>Parent's Case No. _____ Type: Local <input type="checkbox"/>; WMS <input type="checkbox"/></p> <p>LSSD Office/Unit/Wkr. No. ____ / ____ / ____</p>
---	--

¹ Director means the person who has responsibility for the development and supervision of the daily activity programs for children and the administrative authority and responsibility for the daily operations of the child care program.

² The Social Security Number is not required when a federal identification number is present. The social security number or federal identification number is **required when the local social services district issues child care subsidy payments** directly to a child care provider/program. Failure to provide the social security or federal identification number may delay payment. Social security number of the provider or federal identification of the program is **optional** when the local social services district issues child care subsidy checks to subsidy recipient (parent/caretaker). If the social security number or federal identification is provided, it may also be used by federal, State & local agencies for federal reporting, to prevent duplication of services and to prevent fraud.

³ The e-mail address, if given, may be used by the enrollment agency to contact you.

5. Mailing Address: Is your mailing address the same as the child care location address given on page one?

- Yes.**
 No. If No, give address below.

Building Number	Street	Apt.
Address Line 2		Floor
City	State	Zip
County/Borough		

6. Do you read English? **Yes** **No.** If **No**, what language do you read best? _____

7. Do you speak English? **Yes** **No.** If **No**, what language do you speak best? _____

8. Operating schedule for the **program listed on page one.**

A) The program operates (choose one):

- The full calendar
 School year only
 Summers Only
 Other (please describe): _____

B) Provide information in the table below regarding the days and hours of operation for each age group and the numbers of children served.

Ages Served	Days of the Week	Daily Start and End Times	Current Number of Children	Maximum Number of Children
0-2 y				
3-4 y				
5-6 y				
7-12 y				
13+ y				

9. Does your organization operate **any other** child care program at the SAME site/location where you intend to provide child care?

- No.**
 Yes. List below all **other** child care programs operated by your organization at the same site. Attach additional papers if needed.

PROGRAM NAME:	CHILD CARE FACILITY ID NO.: <input type="checkbox"/> NYS License/ Registration <input type="checkbox"/> NYS Enrolled Legally-Exempt
PROGRAM DESCRIPTION (Include numbers of children by age, hours of care, etc.):	OTHER OVERSIGHT AGENCY: <input type="checkbox"/> NYC DOHMH (have Permit) <input type="checkbox"/> None <input type="checkbox"/> Other Agency:
	RESOURCES SHARED WITH PROGRAM ON PAGE ONE: <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Space <input type="checkbox"/> No shared resources <input type="checkbox"/> Other resources:
PROGRAM NAME:	CHILD CARE FACILITY ID NO.: <input type="checkbox"/> NYS License/ Registration <input type="checkbox"/> NYS Enrolled Legally-Exempt
PROGRAM DESCRIPTION (Include numbers of children by age, hours of care, etc.):	OTHER OVERSIGHT AGENCY: <input type="checkbox"/> NYC DOHMH Permit <input type="checkbox"/> None <input type="checkbox"/> Other Agency:
	RESOURCES SHARED WITH PROGRAM ON PAGE ONE: <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Space <input type="checkbox"/> No shared resources <input type="checkbox"/> Other resources:

PROGRAM NAME:	CHILD CARE FACILITY ID NO.: <input type="checkbox"/> NYS License/ Registration <input type="checkbox"/> NYS Enrolled Legally-Exempt
PROGRAM DESCRIPTION (Include numbers of children by age, hours of care, etc.):	OTHER OVERSIGHT AGENCY: <input type="checkbox"/> NYC DOHMH Permit <input type="checkbox"/> None <input type="checkbox"/> Other Agency:
	RESOURCES SHARED WITH PROGRAM ON PAGE ONE: <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Space <input type="checkbox"/> No shared resources <input type="checkbox"/> Other resources:

10. Legally-exempt group child care means child care provided by a provider/program, which is *not* a legally-exempt family child care or in-home childcare provider/program, AND, which is *not required* to be licensed or registered with the Office of Children and Family Services, or licensed by the City of New York, but which meets all applicable State or local requirements for such child care programs. The provider/program must meet the following requirement to be enrolled as legally-exempt.

I, the provider and/or program director, attest that my program is NOT providing child care that is required to be licensed or registered with the Office of Children and Family Services, or licensed by the City of New York.

- Yes.** If you have supportive⁴ documentation, please provide it.
- No.**

B. TYPE OF LEGALLY-EXEMPT CHILD CARE THAT YOU PROVIDE

To be enrolled to provide subsidized child care services, the provider/program director must attest that:

- The provider/program is LEGALLY OPERATING under the auspices of another federal, State or local government agency; **OR**
- The provider/program is NOT REQUIRED to operate under the auspices of another federal, State or local government agency. These programs must meet additional health and safety requirements.

Indicate in question 1 below, whether your program legally operates under the authority of another federal, State, or local government, or tribal agency, or, is not required to do so. Your answer to question 1 will determine whether you answer question 2 or question 3, within this subsection B.

1. Choose the statement below that describes your program.

- A) My program legally operates under the auspices** of another federal, State, or local government, or a tribal agency AND my program meets all State and local requirement for such program. My program is described in question B.2. PROGRAMS OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY.

Programs operating under the auspices of another federal, State, tribal or government agency must:

- Answer question B.2, PROGRAMS OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY, and then
- Complete only the sections and questions listed immediately below.

I. Child Care Provider Section

- A. Child Care Provider/Director and Program *(All questions.)*
- B. Type of Legally-Exempt Child Care That You Provide *(Questions 1 and 2)*
- C. Other Qualifications and Program Characteristics,
 - #2) Program’s Hours of Operation, and
 - #3) Cost of Care
- F. Relevant History,
 - #2) Provider, Employees and Volunteers
- G. Provider Agreements and Certification *(All questions.)*
- H. Provider Certification *(All.)*

II. Parent Information Section

- A-D.#5. *(All questions are to completed by the parent/caretaker)*
- D. Parental Acknowledgments & Certifications,
 - #6) Provider Certification

⁴ Supportive documentation, issued by NYS Office of Children and Family Services, or the City of New York, may be required to establish that the provider/program is exempt from the requirement to be licensed/registered by NYS OCFS or NYC DOHMH.

- B) My program **does not** operate under the auspices of another federal, State, or local government or a tribal agency AND my program is **not legally required** to do such.

Programs that are NOT required to operate under the auspices of another federal, State, tribal or government agency, must:

- Skip question B.2 PROGRAMS OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY, on page 4, and
- Answer question B.3 PROGRAMS NOT OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY, on page 6, then
- Complete the Child Care Provider Section: ALL remaining subsections and questions.
- Complete within II. Parent Information Section, D. Parental Acknowledgements & Certifications: #6, Provider Certification, on page 19.

- C) None of the above. Your program might not be eligible to be enrolled. Contact the enrollment agency for assistance.

2. PROGRAMS OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY:

Answer this question only if your answer to question 1, above, was "A".

Check to choose the statement A, B, C, D, E, or F, that describes your legally-exempt child care program and the government or tribal agency under which you operate. Answer all related questions for the selected program.

- A) The program is operated in compliance with applicable **federal** laws and regulations and is **located on federal property**.

1) Name of Federal agency/property where located: _____

2) The type of child care provided is: (check all that apply)

Day care center

Family day care home

Other child care program: _____

- B) The program is operated in compliance with applicable **tribal** laws and regulations and is **located on tribal property**.

1) Name of Tribe: _____

2) Name of tribal property where located: _____

3) The type of child care provided is: (check all that apply)

Day care center

Family day care home

Other child care program: _____

- C) The program is operated under the auspices of the **NYS Department of Education**,
 - Is **operated by** a public school district, that is providing elementary or secondary education or both, **in accordance with the compulsory education requirements** of NYS Education Law, **AND**
 - Is **located on the same premises** or campus where the elementary or secondary education is provided, **AND**
 - The program meets all State and local requirements for such child care programs.

1) Name of school: _____

2) Name of school district: _____

3) The type of child care provided is: (check all that apply)

Nursery school program, providing services only to children three years of age or older

Pre-kindergarten program, providing services only to children three years of age or older,

School-age child care programs conducted during non-school hours.

- D)** The program is a nursery school, voluntarily **registered** with the **NYS Department of Education**,
 - Operating in accordance with Part 125 of NYSED regulations, **AND**
 - Is operated by a nonprofit agency or organization or private proprietary organization, **AND**
 - Is providing services for 3 hours or less per day, to pre-school age⁵ children, **AND**
 - The program meets all State and local requirements for such child care programs.

1) **I HAVE ATTACHED** a copy of my current certificate of registration *which is valid for up to 5 years*.

2) Registration Number: _____

3) Date of Certificate of Registration: _____

4) The program hours are: _____

- E)** The program, located WITHIN New York City, is operated under Article 43 of the NYC Health Code
 - Has **filed** appropriate notice with the New York City Department of Education on a form provided or approved by the NYC Department of Education, **AND**
 - Is operated by a school recognized under the State Education law and which provides compulsory education for children, **AND**
 - Is located within or as part of such school and has identical ownership, operation management and control of kindergarten and pre-kindergarten classes for children ages three through five and all other classes provided by the school, **AND**
 - Is a pre-kindergarten or kindergarten program of instruction for children no younger than 3 years of age⁶, through 5 years and serving *only* children ages 3 to 5 years, **AND**
 - The program meets all State and local requirements for such child care programs.

1) Name of School: _____

2) **I HAVE ATTACHED** a copy of the current **Certificate of Filing** issued by the **NYC Department of Health and Mental Hygiene (DOHMH)**.

3) Certificate of Filing DCID Number: _____

4) Filing Date: _____

- F)** The program is a **Summer Day Camp operating under the auspices of the Department of Health AND**
 - Does meet all State and local requirements for such child care programs, **AND**
 - Does NOT concurrently hold a current license or registration to operate a day care program issued by the New York State Office of Children and Family Services or by the New York City DOHMH for this site and program, **AND**

1) The Summer Day Camp is operated under the jurisdiction of the: *(choose the appropriate authority)*
 New York State Department of Health (NYSDOH) in accordance with subpart 7-2 of the State Sanitary Code **OR**,
 New York City Department of Health and Mental Hygiene (NYCDOHMH).

2) The Summer Day Camp opened on or is scheduled to open on *(date)*: _____

3) Does the program have a **current year** permit, from the New York State Department of Health or the New York City DOHMH, to operate as a legally-exempt summer day camp program?

a) **Yes.** *You must attach the permit. Check below to show you have met the requirement.*

i) **I HAVE ATTACHED** a copy of my current year permit from the NYS DOH or the NYC DOHMH.

ii) Permit number: _____

iii) Expiration date: _____

⁵ Per 18 NYCRR 413.2, "Preschooler" means a child who is at least three years of age and who is not yet enrolled in kindergarten or a higher grade.

⁶ Programs operating under NYC Health Code Article 43 use the definition within Article 43 for *Three years of age*: A child attending an elementary school where the school year starts in September shall be deemed to be three years of age if the child's third birthday occurs or will occur on or before December 31st of the school year. In a school where the school year starts during any other month, all children in a class of three year olds shall have their third birthday within four months of the start of the school year.

- b) **No.** You cannot be *fully enrolled* until you submit the current year summer camp permit from DOH. To be *conditionally enrolled* prior to the issuance of the current year's DOH summer camp permit, you must:
- Attach proof that you have completed the application to DOH for a permit to operate a summer day camp, **AND**,
 - Have no outstanding compliance issues with the NYS DOH or NYC DOHMH, **AND**,
 - Agree to immediately notify the enrollment agency if you are *denied* a summer camp permit by the DOH or if you withdraw your request for a summer day camp permit, **AND**,
 - Agree to submit your current year's DOH summer day camp permit to the enrollment agency as soon as it is issued so that your enrollment will change from conditional enrollment to full enrollment. **Failure to submit the permit within 30 days of camp opening WILL result in a TERMINATION of enrollment.**
- i) I have **ATTACHED** proof of my application for the DOH permit.
- ii) I submitted the camp permit application to DOH on (date): _____

3. PROGRAMS NOT OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY:

Choose the statement, *A*, *B* or *C*, that describes your legally-exempt child care program(s) that *does not operate under the auspices* of a federal, State, local government, or tribal agency.

- A)** The program is **operated OUTSIDE OF New York City, by a private school or academy**, that is providing elementary or secondary education or both, **in accordance with the compulsory education requirements** of the NYS Education Law, **AND**,
- Is (are) **located on the same premises** or campus where the elementary or secondary education is provided, **AND**,
 - Meets all State and local requirements for such child care programs.
- 1) Name of School: _____
- 2) The type of child care provided is: (check all that apply)
- Nursery school program or pre-kindergarten program, providing services only to children three years of age or older,
 - A program for school-aged children conducted during non-school hours.
- B)** The program is **operated WITHIN New York City, by a private school or academy**, that is providing elementary or secondary education or both, **in accordance with the compulsory education requirements** of the NYS Education Law, **AND**,
- Is (are) **located on the same premises** or campus where the elementary or secondary education is provided, **AND**,
 - Meets all State and local requirements for such child care programs.
- 1) Name of School: _____
- 2) The program is for school-aged children conducted during non-school hours and the program *does not serve* any children ages 0 to 4 years of age.
- C)** The program is a nursery school for children 3 years of age or older or program for preschool age children,
- Is not voluntarily registered with NYS Education Department, **AND**,
 - Is operated by a non-profit agency or organization or a private proprietary agency **AND**,
 - Provides services for three or less hours per day, **AND**,
 - Meets all State and local requirements for such child care programs.
- 1) Name of Agency/Organization: _____
- 2) The type of child care provided is: (check all that apply)
- A nursery school
 - A program for preschool ⁷aged children, at least 3 years of age.
- 3) The program hours are: _____
- D)** The program cares for not more than six school age children, during non-school hours, for three hours or less per day, **AND**,
- Is not located in a residence, **AND**,
- Meets all State and local requirements for such child care programs.

⁷ Per 18 NYCRR 413.2, "Preschooler" means a child who is at least three years of age and who is not yet enrolled in kindergarten or a higher grade.

C. OTHER QUALIFICATIONS & PROGRAM CHARACTERISTICS

1. PROVIDER’S/PROGRAM’S QUALIFICATIONS TO ADMINISTER MEDICATION

The questions pertaining to the administration of medication apply ONLY to group programs NOT operating under auspices of another government agency (Refer to pages 3-6 if you are not sure if this applies to your program.)

Note: *The parent’s/caretaker’s plan for who is responsible for meeting the child(ren)’s medication needs is addressed in the Parent Information Section of this form.*

NYS Law restricts the right to administer medication, other than over-the-counter topical ointments, sunscreen and topically applied insect repellent, to specific medical professionals who are authorized by New York State. A caregiver may not administer medication to any child in his or her care except to the extent that the caregiver is a medical professional authorized under the Education Law to administer medications OR both the program and the medication administrant have met the requirements for the administration of medication as defined in 18 NYCRR 418-1.11. Pursuant to 18 NYCRR 418-1.11, some child care providers/programs *may be* “permitted”, to administer medications when certain requirements are met.

Legally-exempt group child care programs, NOT operating under the auspices of another government agency, may administer medication on a limited basis only when the following conditions are met:

- The program director is a Physician, Physician Assistant, Registered Nurse or Nurse Practitioner currently licensed by New York State Department of Education (NYSED) to administer medication

OR

- The program must be authorized by the Office of Children and Family Services (OCFS), to administer medication under a Health Care Plan for Administration of Medication, approved by a qualified health care consultant AND
 - The program’s designated medications administrant must meet OCFS training requirements,
 - The program’s medications administrant must be at least 18 years of age, and literate in the language in which the parental permissions and health care provider’s instructions will be given,
 - The program must be operating in compliance with the NYS regulation,
 - The program’s medications administrant must have permission to administer medication *to a specific child* from the child’s parent/caretaker, step-parent, legal guardian, or legal custodian,
 - The program’s medications administrant must follow the health care provider’s instructions for administration of medication, and
 - The program’s medications administrant may administer medication to *subsidized* children in care.

Any child care provider, program employee or program volunteer who is not authorized by NYS Law or child care regulations, may only administer over-the-counter topical ointments, sunscreen and topical insect repellent. Examples of medication they MAY NOT ADMINISTER include, but are not limited to: Tylenol, Ritalin, insulin, antibiotics, and ear, eye or nose drops.

- A) The provider/program director agrees the provider/program director will administer medication *only as the provider/program is permitted by NYS Law, as described above.* The provider/program director will make sure that each of the program’s employees and volunteers (present and future) administers medication only to the extent allowed by NYS Law.
 Yes. **No.**
- B) Is the program interested in seeking OCFS authorization to administer medication to the child(ren) in subsidized care?
 Yes. The provider/program wants to learn how to start the process. Please send me the OCFS-LDSS-7007 Obtaining Authorization to Administer Medication to the Child(ren) in Legally-Exempt Care.
 No. The provider/program will not be seeking authorization to administer medication at this time.
- C) Does this program (includes provider/director, employees, caregivers and/or volunteers) administer medication to any subsidized children in care?
 Yes. **No.**

D) Is the provider/program legally permitted to administer medication to the child(ren) in subsidized care? Check statements 1 or 2. Provide all other information as it applies.

1) **Yes.** Complete the applicable section below, a) or b), to show the legal authority.

a) The **program director** is legally permitted to administer medication because the provider/program director is a NYS medical professional authorized by New York State Department of Education (NYSED) to administer medication. Therefore, the program director is allowed to administer medication to children in the program director's care when the program director has appropriate permissions from the parent(s) and in accordance with the health care provider's instructions.

1) Profession (Check one):

- Registered Nurse Physician
- Nurse Practitioner Physician Assistant

2) License number: _____

I have attached a copy of the current NYS professional medical license.

b) The program's **medication administrant**, designated in the Health Care Plan for the Administration of Medication, is legally permitted to administer medication because the provider/program has an OCFS-LDSS-7000, Health Care Plan for the Administration of Medication approved within the past 2 years and the designated **medication administrant** has met all basic and training requirements. The medications administrant named below is authorized to administer medication to subsidized children in the program's care when there are appropriate permissions from the parent, and, in accordance with the Health Care Plan for the Administration of Medication and the health care provider's instructions.

i) Approval date for Health Care Plan for the Administration of Medication: _____

I have attached a copy of the first page AND the approval page of my Health Care Plan for the Administration of Medication (OCFS-LDSS-7000).

ii) Name of the qualified **medication administrant**: _____

iii) Health Care Consultant (HCC) name: _____

iv) Health Care Consultant Profession (Check one):

- Registered Nurse Physician
- Nurse Practitioner Physician Assistant

v) License Number: _____

2). **No.** None of the above permissions apply to the provider/program. The provider/program is not authorized by OCFS or NYSED. The program, **cannot administer** medication to child(ren) in care, **except:** over-the-counter topical ointments, sunscreen, and topically applied insect repellent.

2. PROGRAM'S PERIODS OF OPERATION

(All programs must answer.)

Indicate when the program is operating by checking all that apply.

- Full Year (school year and summer)
- School Year
- Summer Only (June-September)

3. COST OF CARE

Do you charge parents receiving subsidy *the same amount or less* than you charge for non-subsidy child(ren) of the same age and similar care?

- Yes.**
- No.** I charge parents receiving subsidy **more** than I charge other parents.

D. HEALTH AND SAFETY CHECKLIST

The Health and Safety Checklist questions must be answered by group programs that are not under auspices of another government agency as explained in Subsection I B.

The provider/director and parent/caretaker must walk through and inspect the site, then complete the health and safety checklist together.

Check an answer for each item below:

YES	NO	The provider/program director agrees the program meets and will continue to meet the following basic health and safety requirements.
<input type="checkbox"/>	<input type="checkbox"/>	1. The provider and all children have two separate & remote ways to leave the building in an emergency.
<input type="checkbox"/>	<input type="checkbox"/>	2. The rooms for the child(ren) at the program site are well-heated, well-lighted and well-ventilated.
<input type="checkbox"/>	<input type="checkbox"/>	3. The child care premises is free of unsafe areas (such as swimming pools, open drainage ditches, wells, holes, wood or coal burning stoves, fireplaces, and gas space heaters). If there are unsafe areas, sturdy barriers are in place around those areas that keep children from getting to them.
<input type="checkbox"/>	<input type="checkbox"/>	4. If child care is provided above the first floor, there are barriers or locks on the windows so the child(ren) cannot fall out.
<input type="checkbox"/>	<input type="checkbox"/>	5. The water supply at the child care premises is safe. There are working toilets and there is hot and cold running water all the time.
<input type="checkbox"/>	<input type="checkbox"/>	6. The provider, all employees, and volunteers who are likely to have regular contact with the child(ren) are physically, emotionally and mentally able to provide child care.
<input type="checkbox"/>	<input type="checkbox"/>	7. The provider, all employees, and volunteers who are likely to have regular contact with the child(ren) are free from any communicable diseases that pose a risk to the health and safety of the child(ren) in care. If the provider, any employee, or volunteer who is likely to have regular contact with the child(ren) has a communicable disease, the provider/program, must have a statement from such person's health care provider that indicates that the presence of a communicable disease does not pose a risk to the health and safety of the child(ren) in care. <input type="checkbox"/> The provider/program has ATTACHED a doctor's statement, if the provider, any employee, or volunteer who is likely to have regular contact with the child(ren) has a communicable disease and that such disease does not pose a risk to the health and safety of the child(ren) in care.
<input type="checkbox"/>	<input type="checkbox"/>	8. The child care premises is free of any dangerous or unsafe conditions that could hurt the child(ren). This includes but is not limited to: <ul style="list-style-type: none"> • Knives and other sharp objects are out of the reach of the child(ren). • Small rugs, runners, and electrical cords are held in place so the child(ren) won't trip. • Electrical cords do not run under furniture or rugs and are out of the reach of the small child(ren). • Extension cords are not overloaded. • Cords to window blinds and shades are out of the reach of the child(ren). • Hot liquids are out of the reach of the child(ren). • Small items that the child(ren) could choke on are out of the child(ren)'s reach. • To the extent that a legally-exempt group program provides cribs, those cribs must be in compliance with the federal requirements. • A carbon monoxide detector is installed on each floor where a carbon monoxide source is located and/or where the child(ren) sleep or nap.
<input type="checkbox"/>	<input type="checkbox"/>	9. All matches, lighters, medicines/drugs, cleaning materials, detergents, aerosol spray cans and other poisonous or toxic materials are stored in their original containers. Care is taken so that they do not come in contact with the child(ren), where food is prepared, or otherwise may be a danger to the child(ren). The provider/program stores all of these potentially unsafe materials in an inaccessible area safely away from the child(ren).
<input type="checkbox"/>	<input type="checkbox"/>	10. The provider/program staff will give the child(ren) meals and snacks according to what the parent/caretaker and I have agreed.
<input type="checkbox"/>	<input type="checkbox"/>	11. The provider/program staff will refrigerate milk, formula and perishable food that goes bad if left out.
<input type="checkbox"/>	<input type="checkbox"/>	12. The provider/program staff will not heat formula, breast milk and other food items for infants in a microwave oven.
<input type="checkbox"/>	<input type="checkbox"/>	13. The provider/program staff will always allow the custodial parent/caretaker or caretaker to have unlimited access to his/her child(ren) in care, to the program site while the child(ren) is in care, and to any written records concerning the child(ren).

YES	NO	The provider/program director agrees the program meets and will continue to meet the following basic health and safety requirements.
<input type="checkbox"/>	<input type="checkbox"/>	14. The provider/program staff will hold fire/evacuation drills monthly with the child(ren) during hours that the child(ren) are in care so that the child(ren) and I will know what to do in the case of an emergency.
<input type="checkbox"/>	<input type="checkbox"/>	15. The provider/program has a working telephone OR can get to one very quickly in an emergency. Emergency telephone numbers for the fire department, local or State police or sheriff's department, poison control center and ambulance service are posted near the phone and are easy to see.
<input type="checkbox"/>	<input type="checkbox"/>	16. The provider/program will use protective caps, covers or permanently installed safety devices on all electrical outlets that the child(ren) could reach when I am caring for the child(ren) under 5 years old.
<input type="checkbox"/>	<input type="checkbox"/>	17. Paint and plaster are in good repair so that there is no danger of the child(ren) putting paint or plaster chips in their mouths or of it getting into food.
<input type="checkbox"/>	<input type="checkbox"/>	18. The child care premises has at least one operating smoke detector on each floor of the program site. I will check regularly to make sure all detectors work.
<input type="checkbox"/>	<input type="checkbox"/>	19. The provider/program has a portable first aid kit at the program site that is easy to get to in an emergency and my first aid supplies are kept in a clean container or cabinet away from the child(ren). It is stocked to treat common childhood injuries and problems. I will always replace things in the first aid kit as soon as possible after something has been used or is too old to be used.
<input type="checkbox"/>	<input type="checkbox"/>	20. The provider/program director has RECEIVED from the child(ren)'s parent/caretaker: <ul style="list-style-type: none"> • signed proof from a doctor or other health care provider that: the child(ren) has received all of the immunizations appropriate for the child(ren)'s age; OR • proof that one or more of the immunizations would harm the child(ren)'s health; OR • a statement saying that the child(ren) has not been immunized due to the parent/caretaker's religious beliefs.
<input type="checkbox"/>	<input type="checkbox"/>	21. The stairs, railings, porches and balconies are in good repair.

E. PROVIDER/PROGRAM BEHAVIORAL CONDITIONS

The Provider/Program Behavioral Conditions Checklist questions must be answered by group programs that are *not operating under auspices* of another government agency as explained in Subsection I B.

YES	NO	The provider/program director agrees the program meets and will continue to meet the following basic health and safety requirements before caring for children:
<input type="checkbox"/>	<input type="checkbox"/>	1. The provider/program director understands and agrees that the provider, program staff and program volunteers will never use physical punishment or let others use physical punishment while child(ren) are in their care. Physical punishment means doing things directly to the child(ren)'s body to punish them, such as: <ul style="list-style-type: none"> • Spanking, biting, slapping, shaking, twisting, or squeezing; • Making the child(ren) do physical exercises beyond what is normal; • Forcing the child(ren) to stay still for long periods of time; • Making the child(ren) stay in positions that hurt the child(ren) or are bizarre; • Bathing the child(ren) in unusually hot or cold water; and • Forcing child(ren) to eat or have in the child(ren)'s mouth soap, foods, hot spices or foreign substances.
<input type="checkbox"/>	<input type="checkbox"/>	2. The provider/program director understands and agrees that provider, program staff and program volunteers will never use or be under the influence of alcohol or drugs while the child(ren) are in care and will make sure that the child(ren) being cared for do not have contact with people using drugs or alcohol.
<input type="checkbox"/>	<input type="checkbox"/>	3. The provider/program director understands and agrees that provider, program staff and program volunteers will not smoke or allow smoking in indoor areas or other enclosed areas, such as cars or other vehicles, when the child(ren) are present.
<input type="checkbox"/>	<input type="checkbox"/>	4. The provider/program director understands and agrees that provider, program staff and program volunteers will never leave the child(ren) alone or unsupervised.

F. RELEVANT HISTORY

1. PROVIDER’S HISTORY

The questions in F.1.(A-C), must be answered only by Group Programs that are not operating under auspices of another government agency as explained in Subsection I B.

A) PROVIDER/ DIRECTOR TERMINATION OF PARENTAL RIGHTS

I certify and attest that (Check one):

- I have **never had** my parental rights terminated under Social Services Law 384-b or equivalent legal authority.
- I **have had** my parental rights terminated under Social Services Law 384-b or equivalent legal authority.
- I have **ATTACHED** the OCFS-LDSS-4917⁸, History of Court-Ordered Removal Of A Child And/or Termination of Parental Rights.

B) PROVIDER/DIRECTOR COURT ORDERED ARTICLE 10 REMOVAL

I certify and attest that (Check one):

- I **have never had** a child removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act.
- I **have had** a child removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act.
- I have **ATTACHED** the OCFS-LDSS-4917, History of Court-Ordered Removal Of A Child And/or Termination of Parental Rights.

C) PROVIDER/DIRECTOR DAY CARE ENFORCEMENT

A child “day care” program includes licensed or registered day care centers, family day care homes, group family day care homes, small day care centers and/or school age child care programs.

1) I certify and attest that (check one):

- I **have** had an application for a license or registration to operate a child day care program denied.
- I **have not** had an application for a license or registration to operate a child day care program denied.

2) I certify and attest that (Check one):

- I **have** had a license or registration to operate a child day care program revoked or suspended.
- I **have not** had a license or registration to operate a child day care program revoked or suspended.

3) If the provider/program director has been denied a license or registration to operate a child day care program, OR if provider/program director has had a license or registration to operate a child day care program revoked or suspended, complete the following:

a) Name of the child day care program(s) for which this action occurred:

b) Location:

c) I have **ATTACHED** the OCFS-LDSS-4916, History of Day Care Enforcement and Parental Acknowledgement.

2. PROVIDER’S, EMPLOYEE’S AND VOLUNTEER’S HISTORY

These questions must be answered by ALL Group programs.

The provider/director must ask each employee and each volunteer who is likely to have regular contact with the child(ren) in care if they have been convicted of a crime.

A) Did the provider/director ask each employee and each volunteer who is likely to have regular contact with the child(ren) in care, if they have been convicted of a crime?

- Yes.
- No.

⁸ If you need a copy of this form, please contact your local social services district or your legally-exempt child care provider enrollment agency.

B) Has the provider/program director and/or the program’s employee(s) and/or volunteer(s) ever been convicted of a crime in New York State or any other place?

- No.** Skip to Question D.
- Yes.** If yes, you must complete and attach the OCFS-LDSS-4915, History of Criminal Convictions And Parental Acknowledgement for person with a criminal convictions history and answer question C.
 - The provider/program director has ATTACHED the OCFS-LDSS-4915, History of Criminal Convictions And Parental Acknowledgement.

C) In the chart below, provide additional information on each person with a criminal convictions history who is present at the child care site.

ADDITIONAL INFORMATION ON CONVICTED PERSONS AT THE CHILD CARE SITE						
NAME (INCLUDE AND SPECIFY MAIDEN NAME AND ANY OTHER ALIAS NAMES BY WHICH VOLUNTEERS AND EMPLOYEES MAY BE KNOWN)				ROLE: EMPLOYEE, OR VOLUNTEER	GENDER (M OR F)	DATE OF BIRTH
1)						/ /
	Last	First	MI Suffix			/ /
2)						/ /
	Last	First	MI Suffix			/ /
3)						/ /
	Last	First	MI Suffix			/ /
4)						/ /
	Last	First	MI Suffix			/ /
5)						/ /
	Last	First	MI Suffix			/ /

D) Indicated Reports Of Child Abuse Or Maltreatment

The provider/program director must ask all volunteers who are likely to have regular contact with children in care and all employees, if they have been the subject of an indicated report of child abuse or maltreatment (Child Protective).

The provider/program must provide each parent/caretaker with a true and accurate written statement, indicating whether the provider/program director, any program employee, and/or any volunteers who are likely to have regular contact with children in care, have been the subject and person responsible on any indicated report of child abuse or maltreatment, including: a description of the incident, the date of the indication and any other relevant information.

1) I, the provider/program director, have asked all volunteers and employees if they have been the subject of an indicated report of child abuse or maltreatment. When any report of child abuse or maltreatment has been indicated against the provider/program director, employee or volunteers, I have given the parent/caretaker a true and accurate written description of the incident, the indication and any other relevant information.

- Yes.**
- No.**

G. PROVIDER AGREEMENTS AND CERTIFICATIONS

1. RECORD KEEPING

✂ On a daily basis, the provider/program maintains current and accurate attendance records, at the child care program, for each child being cared for, minimally including: the date, arrival time, departure time, and if absent for the full day, a note that the child is absent.

2. SUBMITTING UPDATES AND CHANGES OF ENROLLMENT INFORMATION

- ✂ I understand that enrollment of this provider/program to provide subsidized child care will only apply to the specific provider/program located at the site specified on page one. If the program relocates temporarily or permanently to a child care location different from the one given on this form, this enrollment will end. To remain eligible to provide subsidized child care I must submit a new enrollment request for the new site to the enrollment agency and begin the enrollment process anew.
- ✂ I understand that if, in the future there are new employees or volunteers, the requirements on pages 11-12 for Criminal History and Child Protective Indicated Reports apply to them.
- ✂ I understand I am required to inform the enrollment agency promptly if I add any new employees or volunteers who have a criminal conviction so their criminal history can be evaluated.

- ✘ I understand that the decision to enroll the program is based on the facts provided on the enrollment form and when there is a change to any of the information I have attested to, my eligibility to provide subsidized child care may also change. I will inform the enrollment agency immediately if there are changes in any information provided on the enrollment form or changes to the attachments.

3. INFORMATION SHARING

- ✘ I understand the enrollment agency and the local social services district will exchange information regarding the child care program's enrollment status.

4. ELIGIBILITY AND PAYMENT

- ✘ I understand that the program cannot be enrolled until all items marked "No" on the Health and Safety Checklist have been corrected.
- ✘ I understand that the program must be enrolled with the enrollment agency before any payment can be made.
- ✘ The program agrees to maintain and provide accurate attendance records as required by the local social services district.
- ✘ The program agrees to collect the family share (fee) if instructed to do so by the local social services district. The program will immediately notify the local social services district if the parent/caretaker fails to pay the required family share.
- ✘ I understand that when I, any volunteer who is likely to have regular contact with the child(ren), or any employee has been convicted of a crime, the provider must give the parent and the Enrollment Agency true and accurate information about the crime which will enable the parent and Enrollment Agency to evaluate whether the criminal background poses an unreasonable risk to the safety or welfare of the children.
- ✘ I understand that no person convicted of a felony or misdemeanor against children or, for caregivers of legally-exempt family child care, whose household includes an individual convicted of such a crime may be enrolled by a legally-exempt caregiver enrollment agency as a child care caregiver.
- ✘ I understand that no legally-exempt informal child care program or legally-exempt group child care program which employs an individual or uses a volunteer convicted of a felony or misdemeanor against children may be enrolled by a legally-exempt caregiver enrollment agency as a child care caregiver.
- ✘ I understand a legally-exempt caregiver enrollment agency may enroll a caregiver who has been convicted or whose employee, volunteer or household member has been convicted of other felony or misdemeanor offenses, consistent with guidelines issued by the office for evaluating applicants with criminal conviction records.
- ✘ I understand that if the enrollment agency determines the program cannot be enrolled, then the local social services district cannot issue payment for care provided. The program will not be paid by the local social service district for any child care that it provides to a child(ren) receiving a child care subsidy, while the program is deemed an ineligible provider by the enrollment agency. The parent/caretaker has the right and responsibility to decide whether he/she wants to use the program. If the parent/caretaker chooses to use the program when it cannot be enrolled, the parent/caretaker is responsible to pay the program for the child care.

5. ADDITIONAL REQUIREMENTS FOR PROGRAMS NOT OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY-ONLY

(This section does not apply to programs operating under the auspices of another government agency).

- ✘ I understand the program may not be eligible to provide child care AND that the local social services district may not be able to pay the program when:
 - I have a history of Article 10 (child protective) removal of a child by family court order, or
 - I have a history of termination of parental rights, or
 - I have a history of denial, revocation and/or suspension of a license or registration to operate a child day care program.
- ✘ I understand the provider/program may request, within 30 days of the Notice Date, that the enrollment agency review any extenuating circumstances, when the program's enrollment is denied or terminated based on:
 - Article 10 (child protective) removal of a child by family court order, or
 - History of termination of parental rights, OR
 - History of denial, revocation and/or suspension of a license or registration to operate a child day care program.

6. OTHER AGREEMENTS

- ✘ I agree to operate in compliance with all applicable State and local laws.
- ✘ I understand and agree the program will allow the parent/caretaker unlimited and on demand access including:
 - Access to the parent's/caretaker's child(ren),
 - The right to inspect at any time during the hours of operation, all parts of the facility used for child care or which could present a hazard to the health and/or safety to the child(ren),
 - Access to the providers/caregivers caring for the child(ren),
 - Access to written records about the parent's/caretaker's child(ren) except when otherwise restricted by law.
- ✘ I understand and agree that the program will allow representatives of the enrollment agency, the local social services district and the State of New York access to the premises where subsidized child care is provided to confirm that information on my enrollment form and/or on attendance forms is true and accurate and that child care services are being provided as listed on these forms. I understand that if I do not allow such access, then the program will be considered ineligible, the program's enrollment will be terminated and the program will not be paid by the local social services district.
- ✘ I understand and agree to meet all of the conditions stated on this form for as long as I am providing child care. I understand that I am required to inform the enrollment agency and the parent/caretaker if there is a change in the information stated on the enrollment form.

H. CERTIFICATION

1. PROVIDER CERTIFICATION

By signing this form I certify to the best of my knowledge that:

- I understand and agree to continue to meet all conditions stated above.
- I have reviewed the "Parent Information Section" of this form.
- I understand the decision to enroll the program is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of my eligibility to provide subsidized child care, and/or a denial or termination of enrollment. If I provide child care services while enrolled under false pretenses, or while I am an ineligible child care provider, the Local Social Services District may refuse to issue child care subsidy payments, terminate child care subsidy payments, take legal action against the provider/program or the parent/caretaker and the provider/program may be required to repay any money I receive for such services.
- Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PROVIDER SIGNATURE: X	DATE:
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2. PARENT CERTIFICATION

I have reviewed the "child care provider" section of this form. Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PARENT/CARETAKER SIGNATURE: X	DATE:
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II. PARENT INFORMATION SECTION

The parent/caretaker receiving or applying for child care subsidy must complete this section AND review the "Child Care Provider" Section. The provider must review and sign this section.



A. PARENT/CARETAKER⁹ INFORMATION

1. Parent/Caretaker's Name:

Mr. Mrs. Ms.

_____ Last First MI Suffix

Other names known by: _____

Maiden, married, aliases, etc

2. Identifying and Contact Information:

Date of Birth: ____ / ____ / ____
(mm/dd/yyyy)

Home Phone: (____) _____

Listed Unlisted

Work Phone: (____) _____

Cell Phone: (____) _____

E-Mail Address:¹⁰ _____

No E-Mail Address

3. Do you read English? Yes No. If No what languages do you read best? _____

4. Do you speak English? Yes No. If No, what languages do you speak best? _____

5. Home Address:

House Number Street Apt.

Address Line 2 Floor

City State Zip County/Borough

6. Mailing Address: Is your mailing address the same as your home address? Yes No. If no, give mailing address below.

House Number Street Apt.

Address Line 2 Floor

City State Zip County/Borough

7. Parent's /Caretaker's Child Care Subsidy Case¹¹:

Subsidy Paying County: _____ Temporary Assistance No.: _____

Subsidy Case Number: _____ Parent's CIN Number: _____

8. Child Care Provider's Name:

Mr. Mrs. Ms.

_____ Last First MI Suffix

⁹ Caretaker means the child's parent, legal guardian, caretaker relative or any other person with whom a child lives and who has assumed responsibility for the day-to-day care and custody of the child.

¹⁰ The e-mail address if given may be used by the enrollment agency to contact you.

¹¹ The Temporary Assistance Number, Subsidy Case Number and Parent's CIN (Client Identification Number) are optional. If given, they will be used to facilitate information sharing with the local social services district regarding your eligibility and payment for child care.

B. CHILD(REN) IN THE PROVIDER’S CARE

1. MY CHILD(REN) THAT THE PROVIDER CARES FOR.

A) Child’s Name: _____
Last First
 District CIN: _____ Date of Birth: / / _____ Male Female
(mm/dd/yyyy) Gender

B) Child’s Name: _____
Last First
 District CIN: _____ Date of Birth: / / _____ Male Female
(mm/dd/yyyy) Gender

C) Child’s Name: _____
Last First
 District CIN: _____ Date of Birth: / / _____ Male Female
(mm/dd/yyyy) Gender

D) Child’s Name: _____
Last First
 District CIN: _____ Date of Birth: / / _____ Male Female
(mm/dd/yyyy) Gender

2. MY CHILD(REN)’S MEDICATION NEEDS

A). Child care providers/programs **can only administer medication in accordance with State Laws and regulations.**

1) OCFS does NOT oversee the administration of medication by legally-exempt group programs operating under the auspices of a federal, State or local government or tribal agency (see pages 3-5). Such programs must follow the regulations set forth by the federal, State or local government or tribal agency that the program is operating under. If your child is attending such a program, ask the program about its medication administration policies.

2) OCFS **DOES OVERSEE** administration of medication by legally-exempt group programs **NOT** operating under the auspices of a federal, State or local government or tribal agency (see pages 3-6).

- a) Review pages 7-8 to determine if the child care program is authorized to administer medication. When the child care program IS AUTHORIZED by OCFS and following a Health Care Plan for the Administration of Medication, the *medications administrant* designated in the Health Care Plan for the Administration of Medication may administer over-the-counter medication and some prescription medication to subsidized child(ren) with the permission of the parent and following physician’s instructions.
- b) When the child care program is authorized by OCFS to administer medication and following a Health Care Plan for the Administration of Medication, the child’s parent/caretaker may choose to allow the program to be responsible for the medication needs of the child. When the child care program is responsible for medication administration, the parent must provide written permissions and physician’s instructions to the child care program.

c) Parent/Caretaker, indicate below your decision on who will be responsible for administering medication to each of your child(ren).

I, the parent/caretaker, have read the Provider's Qualifications to Administer Medication on pages 7-8 and the section above. I understand whether this provider/program is or is not legally permitted to administer medication to my child(ren) and my plan is: (Choose the correct statement(s) below and list children's names).

The Child Care Program is NOT *legally permitted* to administer medication to my children, AND, I, the parent/caretaker will be responsible for the medication needs of (list children's names):

Although, the Child Care Program is *legally permitted* to administer medication to my children; I, the parent/caretaker will be responsible for administering medication to my child (ren):

The Child Care Program is *legally permitted* to administer medications through its Health Care Plan for the Administration of Medication. The *medications administrant(s)* designated in the program's Health Care Plan for Administration of Medications will administer medication to my child(ren) in accordance with the procedures set forth in the Child Care Program's Health Care Plan for the Administration of Medication. The CHILD CARE PROGRAM¹² will be responsible for administering medication to my child (ren):

3. MY CHILD(REN)'S MEALS AND SNACKS

For each of my child(ren) in the provider's care, either the parent or the provider must provide meals and snacks. Who will provide meals and snacks for your child(ren) while in care?

The parent/caretaker will be responsible for the meals and snacks for the following child(ren):

The provider/program will be responsible for the meals and snacks for the following child(ren):

C. RELEVANT HISTORY OF THE PROVIDER AND PEOPLE AT THE CHILD CARE LOCATION

1. I understand the child care provider **must tell me** whether the provider, employees and volunteers who are likely to have regular contact with child(ren) in care, have been the subject of an indicated report of child abuse or maltreatment.

- I have specifically asked the provider if the provider, volunteers who are likely to have regular contact with child(ren) in care and/or employees, have been the subject of an indicated report of child abuse or maltreatment.
- The provider has informed me whether any indicated reports of child abuse or maltreatment exist, which name as subject of the report: the provider, employees and/or volunteers who are likely to have regular contact with child(ren) in care.
- When an indication of child abuse or maltreatment exists, the provider has given me **written information** regarding such indication of child abuse or maltreatment, including: **a description of the incident, the date of the indication and any other relevant information.**
- I understand I have the right to select another provider. I agree that I have carefully considered the information on child abuse and maltreatment indications that I have been given and I am selecting this provider.

Yes.
 No.

¹² The program may only be chosen to be responsible for medication administration when the program is legally permitted to administer medication.

D. PARENTAL ACKNOWLEDGEMENTS & CERTIFICATIONS**1. PARENT RESPONSIBILITIES TO MONITOR QUALITY OF CARE**

- ✘ I understand it is my responsibility to choose a provider that meets the needs of my child(ren). I certify that I have selected this provider/program to care for my child(ren).
- ✘ My child care provider/program must give me unlimited and on demand access including:
 - Access to my child(ren),
 - The right to inspect, at any time during the hours of operation, all parts of the facility used for child care or which could present a hazard to the health and/or safety of my child(ren),
 - Access to the provider/caregivers caring for my child(ren),
 - Access to written records about my child(ren) except when otherwise restricted by law.
- ✘ I understand the provider/program director *must provide me with a written statement* indicating whether the provider/program director, any program employee, and/or any volunteers who are likely to have regular contact with children in care has been the subject of any indicated report of child abuse or maltreatment, including: a description of the incident, the date of the indication and any other relevant information.
- ✘ I understand it is my responsibility to monitor the quality of care my child(ren) receives from the child care provider/program. I understand that these agreements apply for as long as this provider is caring for my child(ren).

2. CHANGES TO ENROLLMENT INFORMATION

- ✘ I will notify the enrollment agency immediately if:
 - My address or phone number changes,
 - I have any concerns about the health and safety of my child(ren) in the provider's care.

3. ELIGIBILITY AND PAYMENT ISSUES

- ✘ I understand that this enrollment applies **ONLY** to the provider/program and the location of care listed on page one. If the provider/program OR the location of care changes, this enrollment ends, and I must submit a new enrollment form for the new provider/program or the new location.
- ✘ I will immediately notify the local social services district and my provider if the hours that I need child care or other circumstances related to my need or eligibility for child care change.
- ✘ I agree to pay my family share (fee), if any, as directed by the local social services district.
- ✘ I understand that the provider/program must be accepted for enrollment with the Enrollment Agency before any payment can be made.
- ✘ I understand a provider/program may not be eligible to provide child care if the provider, any volunteer who is likely to have regular contact with my child(ren) or any employee has been convicted of a crime.
- ✘ I understand a provider/program *is not eligible* to provide child care if the provider, any volunteer who is likely to have regular contact with my child(ren), or any employee has been convicted of a *crime against a child*.
- ✘ I understand that if the provider/program is denied enrollment or has his or her enrollment terminated, the provider/program will be considered ineligible to provide child care. The local social services district cannot pay the provider/program or issue payment for care given by a provider/program who cannot be enrolled or who is ineligible.
 - If I choose to use an ineligible provider/program, I am responsible to pay for the child care myself.
 - I understand I have the right to select another provider/program.

4. PROGRAM NOT OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY

- ✘ For the duration of the enrollment, the provider must meet all the basic health and safety requirements listed on the Health and Safety checklist. The provider/program director and I have inspected the program site and completed the Health and Safety checklist together. All statements on the Health and Safety checklist- located in the Child Care Provider Section-of this form are true and accurate.
- ✘ I understand, that for group child care programs not operating under the auspices of another federal, State, or local government or tribal agency, payment cannot be made until all items marked "No" on the Health and Safety Checklist have been corrected.
- ✘ The provider and I will notify and provide documentation to the enrollment agency when any item on the checklist has been corrected or changed.
- ✘ I understand that my provider/program may not be eligible to provide child care and that the local social services district may not be able to pay the provider when the provider has a history of:
 - Termination of parental rights, or
 - Article 10 (child protective) removal of a child(ren) by family court order, or
 - Denial, revocation and/or suspension of a license or registration to operate a child day care program.

5. PARENT CERTIFICATION

By signing this form I certify to the best of my knowledge that:

- I have reviewed the "Child Care Provider" section of this form.
- I understand and agree to continue to meet all conditions stated above.
- I understand the decision to enroll my provider is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of my provider's eligibility to provide subsidized child care, and/or a denial or termination of enrollment. If my provider/program provides child care services while enrolled under false pretenses, or while the provider/program is an ineligible child care provider, the Local Social Services District may refuse to issue child care subsidy payments, terminate child care subsidy payments, and/or take legal action against me or the child care provider.
- Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PARENT/CARETAKER SIGNATURE: X	DATE:
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6. PROVIDER CERTIFICATION

I have reviewed the "Parent Information Section" of this form. Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PROVIDER SIGNATURE: X	DATE:
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This enrollment form is a legal agreement. Make a copy of this form for your records. Return this form and its attachments to: